

AUG 28 1924

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# *The* PUBLIC HEALTH NURSE



Title Reg. U. S. Pat. Off. VOL. XVI

AUGUST, 1924

No. 8

## Health Activities of the League of Nations

*By Christiane Reimann*

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# *The* PUBLIC HEALTH NURSE

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*Official Organ of The National Organization for Public Health Nursing*

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Volume XVI

AUGUST, 1924

Number 8

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## EDITORIAL

### THE NATIONAL CONFERENCE OF SOCIAL WORK

MUCH water had flowed under many bridges since a small company of visiting nurses—the word public health nurse had not appeared on the horizon—representing the comparatively few organizations then existent in this country, met for the first time in 1904 as an independent body under the auspices of the Conference of Charities and Corrections. This small group arranged its own meetings and had the privilege of attending as “semi-delegates” the meetings of the Conference. It would be interesting—if we were not supposed at this moment to be commenting on the Social Workers’ Conference—to compare that first small gathering of public health nurses with the Biennial Convention of 1924 and follow the eddies, the floods, the high tides and low tides of the current that has grown from a little stream to a broad river within the easy memory of at least some of us.

But this is merely by way of relating ourselves. It is evident that from the

beginning public health nurses have always recognized that they are and must be in the closest relationship with the great body of Social Workers. We know that without the specialized knowledge of social conditions, the carefully developed skill in diagnosing and caring for the human material with which we both deal, available to us through the many avenues of Social Work, our own results from any constructive standpoint would often be null and void. We think humbly that without the particular kind of technical skill and knowledge we are able to bring to them much “social work” would be incomplete.

It was indeed a privilege to attend the excellently planned meetings of the 1924 Conference—or at least as many as possible in each crowded day. The program, by the way, was as intricate and provocative as our own. The general sessions were all held out of doors in the beautiful green Quadrangle of Toronto University and the entire conference held a very Canadian at-

mosphere of quiet and effective hospitality. Miss Grace Abbott presided with graciousness and dignity as well as with a courage and outspokenness that set a mark for the convention generally.

It would be impossible to do more than barely mention the subjects ably presented through the week. Industrial and Economic Problems; Neighborhood and Community Life; The Family; Public Officials and Administration; The Immigrant; Delinquents and Correction; Children; Mental Hygiene; Organization of Social Forces and Health, and others—all had daily sectional and divisional meetings.

Perhaps the most helpful way to construct a picture of the Convention, shadowy though it must be, might be a brief analysis of some of the chief points of interest to public health nurses that seemed to emerge from the common daylight into "spot-light" prominence. It was not possible to retain more than general impressions, but certain details may be significant in summing up these impressions.

A distinct shift of emphasis was noticeable in our own Convention this year, and possibly a corresponding one at the Social Workers' Conference. With us, "standards" and "publicity" seem now more or less accepted, while "positive health" at high-water mark in 1922 has now fulfilled its mission as a slogan, and is flowing normally. This changed emphasis was also, we think, observable at the Toronto meeting.

Broadly speaking, the points of special significance to us seemed to be:

Harmonious relationship between public and private agencies.

Turning over at the right moment to the public agencies work begun by private agencies.

The importance of the whole question of community chests and a clearer understanding of their advantages and disadvantages.

The use of personnel trained in the private agency in public service.

More flexibility in budgets and in programs for all types of work.

The need for extension of opportunities for adequate training.

More, and more intelligently directed, supervision.

The value of surveys.

The importance of mental hygiene and the trained psychiatric worker in all social work.

An even newer view of the importance of the child.

The broader aspects of rural needs.

The social and economic problems attendant on the migration of the colored race and the necessity for friendly integration.

The "how" of practical participation in politics.

It is discernible that year by year there is a very close interrelation between our own rapidly developing problems and those of our fellow social workers.

One of the subjects very thoroughly discussed at this meeting was the relationship between public and private services. A growing consciousness is evident that services hitherto considered the inalienable province of the private agency now can and perhaps should be carried as public service, and that continued development of "social consciousness and social conscience" will tend toward a constantly increased adoption of this plan. The importance of the private agency in acting as a laboratory is still unquestioned—though it was suggested that if the state can experiment intelligently and successfully in many other large problems why should it not be equally successful and intelligent in social research. The general impression left by the able papers and discussions was, that though the private agency, for reasons with which we have long been familiar, is still absolutely important in the conduct and promotion of social work, nevertheless state responsibility, especially when large expenditures of funds for an indefinite period is necessary, should be encouraged. Social work under private auspices has set the pace, brought "the need of a socialized public opinion" into consciousness and developed high standards—it must now take the further step of encouragement and help where the public service is ready and willing to carry on.

The helpful part the federations may play in bringing about harmonious relations between public and private



agencies was also dwelt upon at length. Mr. Wm. J. Norton, the new President of the Conference, stated that he "believes in a rapid development of public agencies if standards can be written in."

Mental hygiene came into its own at these meetings—"social work is shot through with mental hygiene," one of the speakers remarked. The Section meetings were of great interest and extremely forward looking.

The scholarly and restrained address on the Significance of Psychoanalysis for the Social Life, by Dr. Otto Rank of Vienna excited much interest. Dr. Frankwood Williams, in a thought provoking talk on the relation of mental hygiene to character building, and the concern we all must have with the extremely large group, of which most of us are a part, which is more or less "queer," remarked that "the person who so annoys us in a committee meeting is probably a neglected mental hygiene child."

The care of the very young—preventive medicine as a term is somewhat out of fashion—was a popular subject. Dr. Helen T. Woolley, presiding at the meeting on "Social Consequences of the Neglect of the Mental Hygiene in Young Children," gave a delightful talk on Nursery Schools which she called "Why Babies Leave Home." We learned that we now apply to the modern infant all the phraseology—intentional attitudes, social environment and coöperation, emotional activities and self-determination—which hitherto has been reserved for the older and hardier. That the toddler flourishes—extramurally, so to speak—where these discriminations are recognized as his right, is shown by the growing appreciation of these efforts in his behalf.

The discussions of the problem of the assimilation of the colored race into community life gave evidence of a new sense of responsibility, partly forced into recognition by the northern migration. Education of colored people to

deal understandingly and effectively with their own problems was considered, but that this cannot by any means solve the questions of "racial policy and human justice" was clearly recognized. It was interesting to observe the number of Negro representatives who ably presented their point of view.

Professor C. E. Lindeman very eloquently urged all social workers not to focus all their attention on industrial questions or "labor", but to remember rural communities are the largest and most basic part of our whole national life. Although family case work in rural communities is still of the utmost importance, the development of rural community organization, economic and social, is the ultimate aim.

Interrelation seemed to us one of the watchwords of the Convention, and one of the noticeable points of emphasis the tendency to get away from generalities of usefulness and back to a definite technique. The content of the interview or of the home visit was considered at length throughout a day.

Sir George Foster, in a delightful talk on *The Urge Forward*, reminded his hearers that social workers can no longer think of their endeavors within the narrow confines of community, state or nation. Consciously or unconsciously, our individual efforts are but part of a great whole. The "sense of social compassion" which, Gilbert Chesterton says, is so noticeable in the modern mood, is of no race, country, or time, but a true internationalism.

These are but a few of the varied impressions left after the Toronto meeting. As in our own Convention, we are conscious of a new approach to wider horizons.

We hope it may some time be possible to hold our meetings, as these were held, in the gracious shadow of university walls, with green grass soft under our feet and the stars looking down in benediction and peace upon our finite endeavors.

*We suggest that our readers who would like a fuller account of the Conference can find it in THE SURVEY, July 15, 1924.*



# A GLIMPSE OF THE HEALTH ACTIVITIES OF THE LEAGUE OF NATIONS

BY CHRISTIANE REIMANN

Secretary, International Council of Nurses

*The greater part of the information used for this paper has been obtained by courtesy of the Rockefeller Foundation from its library files.*

THE principal object of the League of Nations is prevention of war. In order to work towards this high aim it has taken up a large number of activities which at the first glance seem to have little relation to its original purpose. Different kinds of humanitarian work are carried out in this way, work which no country can successfully undertake by itself alone, because the problems involved overflow national boundary lines. Dr. Raymond B. Fosdick, formerly Under Secretary General of the League, gives this answer to the question, Why is the League engaged in these activities? "The world needs to develop the habit of coöperation, to acquire the 'feel' of teamwork. It needs to become accustomed to conference as a method of approach to international difficulties. Another reason is the growing dependence of nation upon nation in matters that pertain to public welfare. Health is no longer national in scope." With the direct support of fifty-two nations and the sympathetic coöperation of the United States, the League works to make common counsel and conference take the place of force and war—a thing which has never been tried in this manner in the history of the world.

As examples of the many-sided services that are performed by the League, the following can serve: repatriation of prisoners of war, relief of refugees (especially in Russia, Asia Minor, and Greece), campaigns against traffic in women and girls, suppression of the international trade in indecent literature, study of the problem of interstate commerce, research work in the International Labor Office, and, last but not least, the splendid work for health and for the fighting of disease. The record

of the League's health organization is a striking example of what can be achieved by international coöperation.

## *Efforts made Before Creation of League*

Before this organization came into being various efforts in the same direction had been made at intervals. In 1851 the first international Sanitary Conference was held in Paris to consider health problems from an international standpoint and to promote international hygiene. During an epidemic of cholera in 1892 the first international sanitary convention was signed. A few years later the Venice Convention laid down measures against plague, and the Paris Convention (signed in 1903 and revised in 1912) added measures against yellow fever. In 1907 the office, *Internationale d'Hygiene Publique*, in Paris, came into being, and in 1912 the Pan-American Sanitary Bureau began its useful work in summoning conventions and issuing publications. The International Labor Office has, for the last fifteen years, been interested in industrial safety and hygiene, and endeavors to prevent anthrax. The Rockefeller Foundation (incorporated in 1913) works for the "well-being of mankind throughout the world"; it has concentrated largely on campaigns against tuberculosis, hookworm, malaria, and yellow fever and has endowed medical schools and provided scholarships all over the world. The League of Red Cross Societies (created 1919) directs its activities especially towards awakening the health conscience in the masses by organizing health education units, distributing pamphlets, and fights tuberculosis, venereal diseases, and cancer.

*Creation of the League Health Service*

In August, 1919, the League of Red Cross Societies sent a commission to Russia, Poland, and Roumania to carry out investigations into the epidemic of typhus fever which was spread by the constantly moving troops and hordes of refugees. The report led the organization to the conclusion that effective help could not be given through voluntary organizations alone, whereupon the League of Nations was called upon to create a health service. An International Health Conference then met in London and drew up a plan of the necessary measures, which was confirmed by the League of Nations in May, 1920. After an appeal for subscriptions was made to the various countries, the League at once sent an epidemic commission to Poland, which worked in close coöperation with the Polish government for the erection of a sanitary zone along the Polish-Russian frontier. The commission consisted of four medical experts, of which Dr. Norman White was the chief commissioner; Dr. Rajchman, a member of the Polish Epidemic Commissariat (the latter has since become director of the Health Section of the League Secretariat) was one of the experts. In November, 1921, the Epidemic Commissioner undertook to supervise the distribution in Russia of medical supplies on behalf of the famine relief organization of Dr. Fridtjof Nansen, the famous Norwegian explorer. A new commissioner was appointed, Dr. Reginald Farrar, who contracted typhus during his first tour in the Russian famine area, and who died in Moscow. He was succeeded by Dr. Haig.

*Fighting Epidemics*

Meanwhile cases of typhus in Poland fell from 157,000 during 1920 to 45,000 for 1921; in Russia from about 3,000,000 to 600,000; and in Roumania from 45,000 to 4,834. However, the outbreak of famine in Russia and the Ukraine had caused a fresh epidemic of typhus, which, with

cholera and relapsing fever, produced a condition rivaling the great plagues of the Middle Ages. In eastern and southern Russia, hundreds of thousands of people, fleeing from famine and disease, were spreading infection throughout western Russia, Poland, and eastern Germany. The Warsaw Conference, in March, 1922, met the challenge. It included delegates from 27 countries—including Russia, Germany, and Turkey, all nonmembers of the League. Plans were made for a series of sanitary conventions, designed to provide for the mutual exchange of information (which should be sent direct and not through diplomatic channels as formerly) and for the necessary coördination of effort to prevent further spread of infection. The Conference drafted a plan of campaign—defensive for the border zones, and offensive for the central regions—with a view to attacking the epidemics at their sources. The League appealed to the governments of all European countries to provide the necessary funds, estimated at about \$6,600,000. As a further result of the Warsaw Conference, courses were organized in Warsaw, Moscow, and Kharoff for training public health officials in combating epidemics. The campaign was carried forward and the conditions improved.

The epidemic center of Europe then shifted from Russia to Greece and the Balkans, owing to an enormous influx of refugees fleeing from Asia Minor, devastated by war. Dr. Nansen was placed in charge of the relief organization, and the Greek government asked the Epidemic Commission of the League to help in preventing epidemics as far as possible. A large scale vaccination campaign, with about 3,000,000 vaccinations against cholera, dysentery, etc., was performed. The result was that the actual prevalence of disease among the population, which was in a state of extreme destitution, was relatively small. The Epidemic Commission in Poland and Greece is now concluded and only inquiry and investigation take place as under normal conditions.



The following three international health organizations work closely together:

*Correlation of National Organizations*

1. The Health Section of the Secretariat of the League of Nations (executive organ), of which Dr. Rajchman is director as mentioned above.

2. A permanent Committee of the League (legislative body), of which Dr. Thorvald Madsen, Director of the National Institute of Serology, Copenhagen, is president.

3. Office Internationale d'Hygiène Publique in Paris (advisory body). This organization, which is mentioned above, has a membership somewhat different from that of the League, but they work closely together, and the president of the Office Internationale d'Hygiène Publique is *ex officio* vice-president of the Health Committee of the League.

The members of the permanent Health Committee are:

Professor Thorvald Madsen, Copenhagen, Denmark.

Professor Léon Bernard, Paris, France.

Sir George Buchanan, C.B., M.D., London, England.

Dr. H. Carrière, Switzerland.

Dr. Carlos Chagas, Brazil.

Dr. Chodzko, Poland.

Surgeon-General H. S. Cumming, U.S.A.

Dr. Alice Hamilton, U.S.A.

Dr. A. Granville Pasha, Egypt.

Dr. Jitta, Holland.

Professor Ricardo Jorge, Portugal.

Mr. Shiko Kusama, Japan.

Dr. A. Lutrario, Italy.

Professor Ottolenghi, Italy.

Dr. J. Mimbela, Peru.

Professor B. Nocht, Germany.

Professor Gustavo Pittaluga, Spain.

Dr. L. Raynaud, Algeria.

Monsieur O. Velghe, Belgium.

*First Session of Permanent Organization and Subjects Discussed*

The last or seventh meeting of the Health Committee of the League was held in Geneva February 11 to 21, 1924. It was the first session of the permanent health organization that was formed at the end of last year. Regular sessions will be provided for twice a year for the future. The subjects discussed at this conference give a general idea of the health activities performed at present by the League, and I shall therefore mention the most important of them briefly.

A centralized epidemiological intelligence service has been set up in order to inform all national health authorities rapidly and effectively of the development and spread of epidemic diseases. Information is sent out at least twice every three weeks, and a monthly bulletin is issued containing statistics and charts on the prevalence all over the world of Asiatic cholera, typhus, relapsing fever, dysentery, smallpox, anthrax, scurvy, etc. It is to the Near East, to Russia, to Greece, and to the Suez Canal that the health organization gives most of its work. However, a commission has been sent to the Far East to study the health conditions at the ports and the handling of the annual pilgrimages.

Malaria in Albania, Greece, and Persia, and different prophylactic measures, were discussed at the conference. The League will try to increase the supply of quinine. At present, the total quantity produced in the world per annum is 600,000 kg., made in 14 factories. Report was given on a cancer investigation which is started in connection with national inquiries. The necessary procedures of disinfection with anthrax was discussed.

The Committee decided, on the basis of the report of its subcommittee, that 450 mg. of opium per head per year might be considered a provisional maximum amount of raw opium (containing on an average 10 per cent of morphine) for the medical and scientific needs of the countries possessing a well-developed medical service. This was, however, only a rough guide given at the request of the League Opium Committee for estimating what fraction of the present world production could be considered necessary.

Among the most important activities of health organization should be included the testing of antitoxic sera, the standardization of sero-diagnosis of syphilis, and also—for coördinating purposes—the results of research into biological products used as drugs (for example: insulin, thy-

roidin, etc.). The units of tetanus serum for instance have varied so misleadingly and dangerously from one country to another, that the differences could easily lead to fatal results. The unit reckoned as 100 in one country was 3,000 in another and in another 10,000. The units for antidiphtheria serum and the tetanus antitoxin have been agreed upon and investigation is proceeding of dysentery, pneumococcus, anthrax, and Malta fever sera. The National Institute of Serology in Copenhagen has been headquarters for this work.

The health organization of the League has also established an interchange of health officials, in which at present nineteen nations are participating. International institutes are also arranged. During 1923 two such were held; the first session—including 29 health officers from 16 countries—studied three weeks in the provincial areas of England, one week in London. The group then went to Austria, where they carried

out a similar program. The second session, consisting of 25 delegates from 18 countries, assembled in the United States, where typical city and rural areas in different states were studied; a final conference was held later in Geneva to discuss the experiences from the United States.

Whatever may be our views as to the usefulness of the League of Nations, there can surely be only one as to the desirability of the work of its health organization. This has the most cordial relationship to the other international organizations promoting health work. The work of the League has been greatly facilitated by the generosity of these, especially the Health Board of the Rockefeller Foundation, which has enabled the League to carry out its health program on a far more extensive scale than would have been possible if it had had to depend only on help from national treasuries many of which have been impoverished by war.

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### GIVING INSULIN TO PATIENTS IN THEIR OWN HOMES

Miss Katharine Tucker sends the following statement as to the policy adopted by the Visiting Nurse Society of Philadelphia in relation to the giving of insulin. This policy differs radically from that of the Chicago Visiting Nurse Association, which was printed in the January number. We hope other organizations having a definite policy will send us a note for publication.

The Philadelphia Society believes that the question of insulin giving by their nurses is one more opportunity to meet the nursing needs of the community. The only alternative in many cases is for the patients to depend upon their families for the injections or for the patients to administer it themselves. Doctors in Philadelphia are teaching the patients and the patients' families to give the injections.

For many months various doctors have referred patients to the Visiting Nurse Society of Philadelphia for insulin and we have responded to these calls as to any other when a doctor is in charge of the case who assumes entire responsibility. With an hourly nursing service already organized, the problem of getting a nurse at a given time to a patient presents no more complicated situation when insulin is ordered than in any other case having a nurse on the hourly basis, which means a definite time appointment. The actual technic of giving insulin has seemed no more difficult or, in fact, any different from the giving of any other injection hypodermically. There is, of course, a very serious medical problem involved in the use of this drug which necessitates the most careful medical observation of the case during the period of insulin treatment. This responsibility with all that is involved as to diet, laboratory urinalysis, etc., is entirely assumed by the doctor in charge of the case.

This whole matter has been discussed most thoroughly with the Medical Advisory Committee of this Society and the committee most heartily endorses the Society's action in offering this service to the community under the orders of responsible physicians.

# CAMPAIGNING AGAINST PEDICULOSIS

BY MABELLE S. WELSH, R.N.

East Harlem Nursing and Health Demonstration



*In Our Backyard*

“WE are now nearing the season of the year when the louse problem will again become critical. . . .”<sup>\*</sup> This states our case exactly. As we approach the summer months and begin to plan for fresh-air work, we must inaugurate an intensive campaign against pediculosis, which, with conjunctivitis and infectious skin diseases, presents an extremely “critical problem” to the worker who marshals her group of children for final inspection before the sharp-eyed nurse who controls their destiny. Shall they be passed, she asks, as the children file by the nurse whose eyes detect even one nit in the heaviest hair and granulations on the lids of eyes that to the inexperienced have appeared perfectly normal?

Pediculosis is a health problem. The lectures to which reference has already been made cite many diseases which are easily carried by lice, and some

which are caused by them. The infectious skin diseases, such as impetigo and pustular dermatitis, are often spread by lice.

Aside from handling the health problem, we believe that if we have created a desire for a clean head and a clean body we have taken one long step toward “Americanizing” the people with whom we are working. If we cannot implant this desire in the minds of the people we cannot expect them to pay much heed to other less obvious teaching. Those who harbor vermin with equanimity will not be greatly impressed with the possible ravages of unseen disease organisms.

We are attacking pediculosis with renewed energy at this time because we have an incentive in the fresh-air vacation, for which a clean head is a necessity. Last year the workers of the Demonstration were able to send about 400 children away for fresh-air

<sup>\*</sup>A synopsis of the cootie problem—Lecture No. 17 in a Course on the Entomology of Disease, Hygiene and Prevention, prepared by W. D. Pierce, the Bureau of Entomology, U. S. Department of Agriculture.

vacations or convalescent care. We had been conducting our Demonstration but six months and had not made a great deal of impression upon the health habits of the families under supervision. Fresh-air work gave us an opportunity to bring many post-pneumonia and special nutrition cases in for thorough medical examination and to stress the importance of clean heads and clean bodies.

In our zeal for vacations we gave many demonstrations in head cleaning to mothers, individually and in groups. Demonstrations were given to the staff by an expert. Mimeographed copies of the simplest effective routine were left in the homes. The technique of the mother was observed. In every instance the workers tried to place the responsibility where it belongs—in the home—but many times through the summer, in order to have groups of children go away for sorely needed vacations it was necessary for the workers to do a good bit of the work themselves. Every member of the staff, nutritionist as well as nurse, became expert before the summer was over, and could say with conviction, "It can be done, because I have done it!" We found that a badly infested head could be freed from living vermin and all nits by several consecutive hours of persistent painstaking effort. We do not recommend assuming a responsibility which clearly belongs to the mother. We most emphatically stand for clean heads all the year, but the fact remains that pediculosis in the community in which we are working seems to be considered a perfectly normal condition, one to which no stigma is attached, and with which most members of the family group are accustomed.

It may seem like carrying coals to Newcastle to bring to the readers of this magazine information with which every nurse is confident that she is already familiar. It is true that the larkspur cap is nicknamed in hospitals "first aid to the injured" because of the regularity of its use in the admitting room, but we venture to say that

few nurses in training ever see the heads of their patients freed from all nits as well as living vermin. We are therefore submitting our procedure, based upon a year's experience in the homes of one of the most congested districts in this or perhaps in any country.

### *Procedure*

A. A simple routine has been worked out, stressing prevention as well as cure. Copies of this routine are carried by all workers into the homes, and the method of cleaning the head is carefully explained and demonstrated.

B. The physicians in the pre-school and "fresh air" conferences stress the importance of this very necessary personal prophylaxis.

C. Demonstrations are given in the various classes at the Center.

D. This summer, in cooperation with the East Harlem Health Center, we have organized a "Clean Scalp" clinic, with an attendant on duty six half days weekly. The large, sunny back yard of the Health Center is used, with an improvised workroom at one end. Here the older girls and mothers are instructed in the necessary routine for cleaning the head and are supervised in their own practice of the procedure. We are strongly of the opinion that similar stations (very necessary during the war) should be established in all congested districts where pediculosis and infectious skin diseases are rampant.

### CLEAN SCALP CLINIC

#### *Routine*

- I. Name, address, age.
- II. Examine and grade condition of head—1, 2, 3, 4.
  1. No vermin or nits—clean head.
  2. May need washing, has a few nits, no living vermin.
  3. Many nits, no living vermin.
  4. Nits and vermin, needs full and repeated treatment.

#### III. *Procedure*

- No. 1. To have note saying that on this date the head was clean. Urge preventive measures so as to keep clean.



No. 2. Hair thoroughly washed. Mother or older member of family instructed how to comb out nits.

Report back for examination.

No. 3. Will probably need kerosene, then as for (2).

No. 4. Give instruction sheet. Have child's head thoroughly soaked with kerosene and vinegar (if mother is willing) or send home to have this done.

Appointment for next clinic after kerosene has been used. Several treatments are necessary for badly infested heads.

#### Personnel

1. Untrained worker as helper.
2. Nurse for examination, grading and demonstration.
3. One or more workers to carry on the clinic, keep records of attendance, etc.

Workers should bring in their own children.

#### TREATMENT FOR PEDICULOSIS

##### Prevention

*For Boys*—Clip hair close and wash head with soap and hot water, at least once a week.

*For Girls*—Have hair cut in a short bob, close to the scalp on the back of the head and around the ears.

Wash hair with soap and hot water at least once a week. Comb and brush hair daily.

*For the Family*—If one member of the family has pediculosis, it is probable that the others have the same condition, and should carry out the treatment as indicated for the children.

##### Cure

##### Instructions

1. Take 1 cup of kerosene  
1 cup of vinegar  
Put in bottle and shake well before using.  
Heat this mixture by placing bottle in hot water, away from stove.  
Shake thoroughly and rub well into hair and scalp. Pay special attention to scalp around the ears and neck.  
Use enough of the kerosene and vinegar to saturate the hair, and then do up head in a towel.  
It is better to wear this all night.  
It must be worn at least one hour before hair is washed. Remove

towel and place it in boiling water at once.

2. Wet hair thoroughly with a soda solution. Use 2 teaspoons of washing soda to a quart of hot water.

3. Rinse in hot water and rub soap thoroughly into the hair and scalp. Start from the back of the neck, ears and forehead. Work toward the center. Make a thick lather and cover the entire head and hair.

Rinse, and repeat.

4. Comb hair while wet, with a fine-tooth comb. The nits can be removed by steady, patient, persistent effort. They can be much more easily removed if you comb *upwards* on the hair, rather than down, because of the way in which the nits are attached.

The children are graded upon coming for the first time. One, means a clean head; four, a badly infested one. The children are quick to catch the spirit of the grading and are delighted to pass from four to a higher grade. We are gratified to find that children sent away by us last year are coming in clean, or nearly so, and we are planning now to have these children report back to us through the winter for inspection, stimulating this by keeping up the grading with appropriate rewards, such as club attendance, score cards to take to "teacher," etc.

#### Coöperation

Three health and two social organizations are running the joint clinic. Six sessions have already been held, with an attendance of over 100.

The Health Center has had 2,000 copies of the accepted procedure mimeographed and all of the workers in the various organizations are taking these into the homes.

The workers of Haarlem House, another neighborhood organization, were given several hundred copies for distribution.

We confidently expect to see results from this united, intensive attack against pediculosis.

## AMONG THE ESKIMOS

SINCE the charms of the South Seas have been so thoroughly "discovered" by Frederick O'Brien and other enthusiasts, we have grown used to hearing that those who have once visited these tropical lands are never content until they return to them. But it was the call of the North, despite its rigors, which lured Sigrid Bugge Westmaar back to Greenland. Her experience as a nurse among the Eskimos is set down in a brief but interesting article she contributed to a Copenhagen newspaper, and which was reprinted in a recent issue of *The Living Age*.

Greenland has the power to win one's heart. Whoever has once lived there longs to get back. I was born there at Julianehaab, where my father was government agent, and at the age of sixteen I arrived in Denmark to become a trained nurse. Therefore, when I was graduated at the National Hospital of Copenhagen, a few years later, I accepted with pleasure an offer from the Greenland Missionary Service to become its "district nurse" at Angmagssalik, the northernmost settlement on the east coast of the distant colony.

The first few days were the worst. I really believe that only a person born in Greenland could have endured them. I was alone in my profession. There was no physician; only a native pastor, a government agent, and about 600 Eskimos. My contract only required that I should be a nurse, but on many occasions I had to act likewise as physician and dentist.

Soon, however, in spite of the fact that she could not hope for news from the outside world for at least a year, Miss Westmaar was happy in her new home caring for the Eskimos, whom she describes as child-like souls with utter confidence in her services.

My quarters consisted of several rooms, three of which, with six beds and a medicine closet, formed the hospital. I was

the first trained nurse who had ever worked at A. Before my time the government agent's wife used to go around and visit the sick in their huts. Now that the patients had a "regular hospital," they were moved there and were delighted to be in it. What pleased them most, I believe, was the Danish food. They ate limitless quantities of oatmeal and biscuits, which to them were dishes for gentlefolk.

A— Miss Westmaar describes as the only concentration point for Eskimos on the east coast of Greenland. They are very friendly toward the Danes, "the only white people who have ever given them a helping hand." With the gradual disappearance of the seals, the prosperity of the east coast has declined until the Eskimos are reduced to wearing garments of European cloth instead of their native furs.

During the winter ten or twelve families crowd into a single house less than twenty feet long. In the daytime the men hunt and the children attend school at the house of the pastor. Evenings are given over to social talk.

Personally I was not able to share largely in their social life. Their coffee I could not drink, but I did eat their seal meat. It tasted good, though the cooking was not appetizing. The women sit close to the fire and chew blubber, which they spit into the kettles while the meat is cooking to prevent the formation of steam in the rooms.

The crowded condition of the houses and lack of cleanliness naturally cause considerable sickness. I had plenty of patients to care for. But, after all, the Eskimos have their own system of sanitation; and it is as simple as nature. When summer arrives, and the families set out on their nomad journeys, they remove the roofs of their winter houses and let wind, sun, and rain clean them for the following season. Summer is vacation time for the Eskimos. Then they live with their women and children in tents and revel in outdoor life like European vacationists.

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Miss Christiane Reimann, Secretary of the International Council of Nurses, will be glad to answer any inquiries about the meeting of the International Council of Nurses in Helsingfors, July, 1925.

Miss Reimann's address is Whittier Hall, Teachers College, Columbia University, New York City.

# DANISH PEOPLE'S COLLEGES AND THEIR RELATION TO SOUTHERN MOUNTAIN PROBLEMS

*Abstract of a Paper by Mrs. Olive D. Campbell*



*A spinner of yarn for mountain looms.*

HOW can the people of our southern highlands be awakened to a realization of their own plight—before it is too late? Is the answer to this question to be found in the history of a small and valiant country across the water, which has worked out its own salvation, though handicapped almost as heavily as those who dwell in the midst of incomparable mountain scenery and unspeakable squalor?

In an address delivered at the Southern Mountain Workers' Conference held in Knoxville in April, Mrs. Olive D. Campbell presented the findings of her year's study of the adult schools of Denmark and Finland, and discussed their possible introduction among our own southern mountain dwellers.

"People's Colleges" is the nearest equivalent to the meaning of the Danish "folkehoiskole," which are open to adults only. The possibility of adapting them to the mountain country was a cherished project of the late John Campbell, who was just ready to start for Europe to investigate when the war came.

"I may say, then, at the beginning," said Mrs. Campbell, "that my study, undertaken to see if John Campbell's belief was justified, has ended with the firm conviction that he was right; and that this paper is presented not alone to tell you what we found, but to discuss our general findings in their relation to the special rural problem which we know as the mountain problem."

The problem of building an enlivened, enlightened rural civilization is fundamentally the same everywhere. The problems, including those of schools, of a scattered, inaccessible population, are not so different in the southern mountains from those in the mountains and along the fjords of Norway.

What can we learn from a study of Denmark? Here is a country of about 16,000 square miles of which some portions are good agriculturally. Much of the soil, however, is thin and sandy, and only made to produce by the extensive use of fertilizers and scientific methods of agriculture.

One hundred years ago Denmark was a country ruined by war and by her unscientific agricultural produc-

tion. Her young people, discouraged, unable to secure land or an adequate living, were drifting to the cities and to America.

In this situation Denmark took stock of herself. She set herself to reclaim her land and her people. To-day she is preëminently an agricultural country—a country of small *land-owning farmers*. Eighty per cent of her entire export are agricultural products. In per capita wealth she stands among the highest in Europe. There is little great wealth and almost no poverty. Illiteracy, practically speaking, does not exist. The farmers control parliament, and what interests us more, control their own production and hence the price of their production, to a remarkable degree. The country is a network of coöperative associations which are the wonder and despair of students from all over the world. Through such agricultural organization Denmark has come to furnish one-third of the international butter trade, and 45 per cent of the total butter, bacon and eggs imported into the United Kingdom. And this is a country a little over one-third the size of the state of Tennessee, a population of 3,367,841, and a density of 196.7 persons per square mile.

Now about the middle of the nineteenth century came the People's College, which cannot be taken alone and regarded as the cause of Denmark's regeneration, but which was an expression of the movement and a champion of all its phases.

The People's College is primarily for young people, roughly between the ages of eighteen and thirty, the period when young people feel the urge to something new and different, when they are most easily stirred by appeals to service, by the power of an ideal. The People's College cares little about imparting exact knowledge as such, for knowledge in itself does not make man good, useful, or happy. The real aim of these schools is to *awaken, enliven, and enlighten*. Hence it follows naturally that in these schools there are no

requirements for admission, no examinations, no credits.

The cornerstone of the People's College is personality. If the personality of the principal is weak or ineffective, even if it is inarticulate, the school must languish or perhaps die, for most of the People's Colleges are private, owned by the principal. The state pays a modest yearly sum to each and state aid is extended to the needy student.

The colleges are small, varying from 50 to 150 students. The principal must know every boy and girl and must be easily accessible to anyone who feels moved to bring to him his questions and personal problems.

For some reason the Danish People's College has been able to attract to its service outstanding personalities. Some are university men, many are ministers, and very many now are men who have themselves received their impetus from some People's College, and then, through various courses, interspersed with periods of work to earn their way, and by constant reading, have become in a sense specialists.

Picture a group of young men (in Denmark alone of the Scandinavian countries men and women are separated, the winter term being for men, the summer term for women). For the most part they are big, strong farmer boys with a sprinkling of small artisans and tradespeople. All have had a common school education up to the age of fourteen, and since then have been serving their apprenticeship in field and shop. They are dressed roughly, as they would be on the farm, and go clattering about the court in wooden shoes, which by the by would be a sensible innovation in the mountains.

The buildings are astonishingly simple. Teachers are more important than material equipment. Then, too, the boy is to be taken where he stands. He must feel at home in the school, not a stranger in a strange land. The student is, in fact, considered as a friend, even an equal of the teacher's, whose attitude is one of the older comrade.



In country fashion there are no titles between the two, not even that of mister. Said one able principal, "The association of equals involves restraints."

They are indeed religious schools in spirit—so religious that socialistic and communistic labor groups regard them with suspicion. And yet no formal religion is taught in the great majority, unless one would class church history as such.

Wherever else in Denmark there may be leisure, there is little in the People's

men come to it of their own free will, empty and eager after a number of years of practical work.

As for actual subjects, the Danes have found that for them at least the best approach to their object is through cultural studies. They argue that certain things are common to the whole nation. The language of their country, its geography, history, literature, and its constitution, these should be enjoyed by all. One must keep in mind that this sort of education is personal and that some teachers find their strongest



*A typical watermill in the southern mountains.*

College. By 8 o'clock breakfast and morning song are over, rooms set to rights, and the group assembled for the first lecture. From this time until 6:30 or 7 at night, with the exception of one to one and one-half hours at noon and fifteen minutes in the afternoon for the inevitable coffee, the young men pass from one lecture or lesson to another with a tireless zest which was a revelation to us. Even the evenings are also often filled, though with activities of a lighter sort, reading aloud, part singing, debate, folk-dancing, etc. Probably it would be impossible to keep at this pitch of activity were the session longer, but you will remember that it is only five months, and that the young

avenue of expression through one subject, some through another. The teaching of history lays the emphasis on the course of events, on developments, on great characters, and not on race hatreds, injuries, wars. Many of the People's College teachers belong to a league whose pledge is to teach history in such a way as to tend to peace, not war.

Whatever the subject emphasized, the underlying object is the same, to awaken; and the method also is somewhat the same, a simple, familiar, personal type of lecture. Students are requested not to take notes during lectures. The mere action destroys communion between him and the teacher,

and it is little short of a crime to come late to class or to knock at a classroom door during the course of an hour.

Song is one of the prominent features of all People's Colleges. By this I mean the daily singing. All classes are usually opened, and sometimes closed, with song, hearty, simple chorus singing from a selected book which contains some of the best of the Danish hymns, folk, national, and historical songs, nature songs, etc. Singing is a part of the Dane's daily life. It is common to find a chorus meeting every week in the community house existing in practically every village, a chorus which derives its impetus and often its leadership from returned People's College students.

With gymnastics the same thing is true. One traces the gymnastic classes which meet several nights a week in the village community house back to the People's College. Almost every school has its daily gymnastic hour, for the People's College teacher is more interested in raising the average than in training athletes and winning teams. Each community also has its young people's society and lecture society, also formed by returned students.

It is generally claimed in Denmark that the coöperative movement owes its great growth to these schools. For in spite of the change in agricultural methods, until the advantages of co-operation were fully understood the opportunity could not be utilized. I believe the mines, which are opening the best markets in the world to the mountain farmer, will stimulate the co-operative movement in the Highlands, but some form of education must lend its aid to the movement. This is exactly what happened in Denmark. The People's College brought the suspicious, individualistic country people together in a homelike atmosphere where they came to know each other, trust each other, and work together. It furnished to the new coöperative association open-minded active leaders, who dared to change and try new methods.

It is significant how people from all

over the world who come to study Denmark's scientific agriculture and her coöperative organization end by studying the People's College. The two cannot be considered apart. One should not, however, forget to give due credit to the agricultural schools and to the small holder or "husmandsskole" of Denmark. The agricultural school seeks to give some scientific agricultural information to the student. The smallholder's school uses some of the cultural subjects of the People's College and some of the scientific subjects of the agricultural school.

There are about sixty of these schools to the three and a quarter million population. Some 7,000 of the Danish youth go through them yearly. Out of the entire population in 1911, between the ages of fifteen and fifty, at least 21 per cent had been through a People's College, and more than 24 per cent through one of these or the allied agricultural and domestic science schools. Some 89 per cent of the People's College students have gone back to the land.

Although convinced of the superiority of the rural civilization in Denmark, and the part the People's College has played in achieving it, we felt that after all Denmark is a small country with no great natural diversities. Perhaps this type of education which suits her so well will not flourish elsewhere. Up yonder is Norway, with her deep fjords, her mountains, and her snows; beyond her, Sweden, with her vast northern reaches, her mountains, lakes, and forests; and beyond still, Finland, her granite rock scraped almost bare by primeval ice sheets, her inexhaustible forests and million lakes, her people struggling out of the cloud of Russian domination into the duties of citizenship. Let us go and see the results of their People's Colleges, founded on the Danish example.

I am not going to enter into details of what we found in any of these countries, except that I could not honestly feel that we could be rightly discouraged in the face of our problem here in the Highlands. Difficult as it

is, it is not more difficult and certainly is more hopeful than many similar ones in other lands.

It is my firm belief that the People's College offers us a method of the greatest value. By this I do not mean that we should attempt to transplant the Danish institutions just as they are into our Highlands. It is the underlying principles I am thinking of, these principles which, as you see them working through the different countries, seem so natural, so vital, so right, that one only wonders we have not long since recognized their worth and adopted them ourselves.

We are all interested primarily in a certain circumscribed region where we find—except in the centers of industrial development—a more or less homogeneous people, possessing to some degree a common history and representing a rather definite culture. The backward conditions which have existed and still exist among a large number of our people are not due, we believe, in any great extent, to an inherently weak or degenerate stock, whatever may be said of certain families or communities. Rather they are due, we feel, to certain special topographical and economic causes which from their nature are exceedingly difficult to overcome.

Obvious and difficult as are the causes of some of the backward conditions in the Highlands, this mountain country of ours is really a rich country, naturally rich in timber, coal, and other minerals, and even possessing rich soil over much of its area. It is true that the mountain dwellers have been defrauded of much of their timber, mineral, and water-power wealth. There is little hope for them if they cannot own their own land, and it is obvious that if they cannot make their own land pay it will, in the long run, pass into the hands of those who can use it to better advantage.

In the face of these conditions can we afford to duplicate work? Can we afford the luxury of confining ourselves to the training of a selected few who may or may not go back to the mountains?

Over much of the mountain country the main need is for the people to be encouraged to *want*. If they are awakened and enlivened they will act for themselves, and here is the opportunity, the peculiar service open to the church and independent agencies in the Highlands.

I came over the mountain the other day with a boy who probably could not read or write, but who named without hesitation, as we passed, each tree and sapling in its winter guise. The knowledge that he has, however, doesn't satisfy him. And what do we give him? Of course he must have reading, writing, and arithmetic. But geography—how do we teach him geography? We set into his unaccustomed hand a geography for little children where he may learn what a peninsula is and an isthmus, and how they differ from a promontory. This boy who can find his way through the forests but has no idea what the great oceans are with their tides and currents, their life and influence; who does not know the land masses and their relation. He does not even know what the mountains among which he was reared mean; he needs to have those mountains interpreted to him. Why not send his mind out along that Appalachian chain which has influenced the whole history and development of the United States? Why not set him to thinking of the forces of nature and life? Not geography, you say. Well, isn't it education?

Methods suited to little children are not food to the hungry adult mind. Why not give them what they want? Help them to find a place themselves in the long line of progress. Try to open to them somehow a new vision of life.

I put the question to you: Is it better for our rural civilization to try and train thoroughly the few, to concentrate effort upon the individual athlete, the winner of prizes, or to do what the Danes have tried to do, help to stimulate a movement of the people, the whole host of farmers advancing together, and the leaders to be found in all ranks?

Probably the most difficult thing to do would be to change an established school of the old type into the new type. It will not be easy for teachers who have always thought in the terms of standards and credits to forget about these. A number have asked me if they could not have People's College departments in their schools. It may be possible, but it is dangerous, because it means mixing groups, very dangerous because, unless the faculties are different, you are asking teachers to teach in two entirely different ways. Again, unless your group is a separate living unit it is losing the full force of the influence which comes from living as a family in close touch with the teacher.

With work modeled after that offered by the Danish schools given to different groups each year we might hope to see grow in the next decade or so a nucleus of thinking citizens, anxious to improve their community,

open to new movements and prepared to stand back of them. We would not be trying to solve the problems of the people for them, we would merely be trying to awaken the people and then trust them to shoulder their own responsibilities.

I was visiting this past year one of the great plantations or reforested areas of Denmark which have made possible the reclamation of much that was formerly waste land. Looking up at the fine, tall trees, I exclaimed with enthusiasm, "Why, if you can grow trees like that, I feel more hopeful about the abused and mangled forests in our Highlands. How long did it take to grow those trees?"

"Oh, not long," said my Danish companion; "only about 100 years," and then seeing my fallen face, he added, "But you in America call that long. You wish to accomplish things at once. We are willing to build for posterity."

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EDITOR'S NOTE: *Miss Anne Medcalf, Line Fork Settlement, Kentucky, writes us about Mrs. Campbell's address:*

Mountain problems are fast changing. The large tracts of land, which were once the rule, are being divided and subdivided through inheritance into meager little farms, making living by the soil with the inadequate knowledge of agricultural methods increasingly hard. Many families have sold this land, selling their birthright, as it were, to large coal and timber companies, and are living as tenants on the land which was once their fathers'. Some of the companies are merely holding the land—great tracts of it—but already some of them are developing their holdings. With the coming of industrialism, the dross only of civilization is brought to an impoverished and uneducated people. In view of such facts it is very apparent that a sound rural life cannot be established in the mountains until a method of education is devised that will truly "awaken, enlighten and enliven" the people so that they will realize their own necessities and needs.

Education of the Danish type would give the mountains as the years go by an increasing number, with a vision of what might be, who could work out their own problems.

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The University of Toronto has recently announced the gift by the Rockefeller Foundation of a School of Hygiene. This gift includes a building to house the Department of Hygiene and Preventive Medicine, the Connaught Laboratories (which include the Antitoxin and Insulin Departments), and the Department of Public Health Nursing.

Miss E. Kathleen Russell, the present director of the course in Public Health Nursing at the University of Toronto, will continue as Director of this department in the new school.

This is the first of the Schools of Hygiene financed by the Rockefeller Foundation to include a Department of Public Health Nursing. The other two schools, in America, are at the Johns Hopkins and at Harvard.

Our congratulations to the Canadian nurses and the University of Toronto.



# A GOITER SURVEY

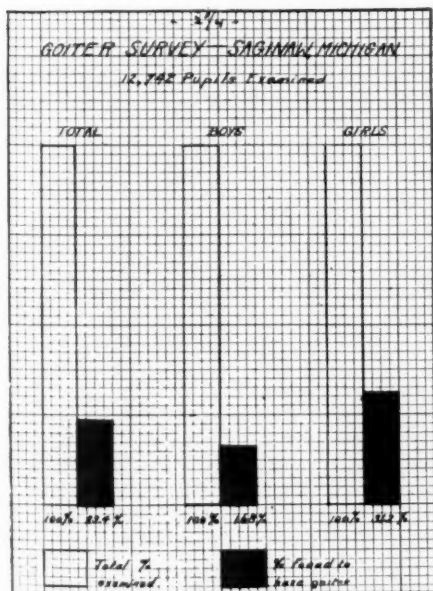
By MARY E. CHAYER

Superintendent of Nurses, Department of Health and Safety, Saginaw, Michigan

EDITOR'S NOTE: This survey is of special interest, following Dr. Hart Davis' article on *Goiter—A Symposium*, which appeared in June.

SAGINAW launched a goiter survey in March by inviting a doctor from the State Department of Health to start the survey and standardize the examination. Dr. Benning worked with our own physicians for two days and the survey was subsequently completed by our men. All questionable goiters were marked "Normal."

A total of 12,742 pupils were examined. Of that number 2,983, or 23.4 per cent, were found to have small goiters. No large ones were found and no exophthalmic.



Of the 2,983 goiters found, 36 per cent were boys and 64 per cent were girls. Of the total number of boys examined 16.8 per cent had goiters and of the girls 31.2 per cent.

There were more goiters at the thirteen-year period among the boys and at the fourteen-year period among the girls. There was a decided drop at fifteen years, due largely to pupils leaving school.

Among both boys and girls there were two decided increases, with drops the following year. It would be interesting to discover the reason for this—perhaps a stabilization of gland activity at certain periods.

A larger percentage of pupils below scholastic grade were found in the pathologic group than in the normal group.

As to the water supply: Saginaw has 175 deep wells, but the outlying districts are largely supplied with surface water. The deep well water has a high chloride content and a corresponding high iodine content, while the surface wells contain no iodine.

The Webber School, in one of the outlying districts, has 52 per cent of goiters, the highest percentage found in the city. It is interesting to note that there are very few deep wells accessible to the pupils of this community, except a new well that has just been installed in the school. This well has a high chloride content, and we are now making an iodine test. In the event that the water contains sufficient iodine to prevent goiters our problem is solved for that school.

As to the goiter prevention for the whole city the same plan holds good. We plan to ask the school boards to install adequate water bubblers, with deep wells as the source of supply. Then we shall put on a publicity campaign, urging pupils to drink freely of this water.

The Michigan salt manufacturers, at the request of the State Department of Health, are putting out an iodized salt, for the prevention of simple goiter. The salt is used as is other table salt for the table and in cooking.

# A NURSE IN A TOBACCO FACTORY

By LAURA E. BLACK, R.N.  
Industrial Nurse, Richmond, Va.

THE first nursing service in a tobacco factory was established in Richmond, Virginia, in 1918, and these observations cover a three-year period. When I entered upon my duties I found that much had already been done for the comfort of the employees, and that there was a liberal sentiment among the members of the firm regarding their responsibility for the welfare of the men and women.

## *Incidence of Disease*

I was at once a little surprised by the comparatively low percentage of tuberculosis found among the workers who came for nursing care to my office. I had expected it to be high. As a matter of fact, in the three-year period only 68 cases of tuberculosis were cared for in a factory employing 1,600 white and 1,000 colored persons. Of course, this on the face of it is higher than the average of 1 per cent, since there was not a disproportionate turnover in the factory. Of the 68, 60 were white and only 8 were colored. The small number of colored cases located at once shows the incompleteness of the findings, since the death rate from tuberculosis in Richmond was then about  $2\frac{1}{2}$  times as high in the colored race as in the white. Because of their unwillingness to be examined, it was difficult to find colored consumptives. This unwillingness was due to a variety of causes: complete ignorance regarding modern ideas of cure; dire fear of a diagnosis of "consumption"; and—a large factor—the certainty, if tuberculous, of losing his "surance," which to a negro is his only hope for care in sickness and for burial after death. Another factor in this particular industry, also, was the grade of negro employed and the difficulty of overcoming his complete terrible ignorance of healthful living.

The factor of dust, which is usually rated so high as a handicap in this

trade, I rather eliminated after a few months' work in the factory. Tobacco is, of course, rated as a dust trade, but as a matter of fact the plant can only be handled when it is moist. It is immersed in water and brought to the bunch room, as it is called, thoroughly moistened. There it is covered with wet cloths. To aid in preventing evaporation, the floor is sprinkled from time to time during the day. Since every floor is carefully scrubbed at night, the amount of dust which can accumulate is small. Another serious condition, however, is produced by these methods of keeping the tobacco in shape for proper handling. No windows can be opened because of increasing the rapidity of evaporation, and, therefore, no air ever enters direct from the out of doors.

## *Finding the Cases*

It was, of course, necessary first to sell the nursing service to the heads of departments, if any good to the workmen was to result. This was done by private talks which allowed intimate discussions of individual workers and the relation between sickness and the output of the individual. The general lack of energy in the early stages of tuberculosis must have its effect on the amount of work accomplished; the listlessness and lack of interest of the sick man must be apparent to the foreman; and as soon as these facts are properly related in his mind he usually becomes a staunch ally of public health. In the Richmond factory each foreman was asked to help the nurse make the work a success by sending to her office all workmen who were seriously undernourished, showed special lack of energy, or had a particularly low output. The very fact that this request was made turned the attention of the foremen to the physical condition of their men. Since it is true that bad workmanship is frequently due to handicaps

\* Read at annual meeting, National Tuberculosis Association, Atlanta, Georgia, May, 1924.

of home conditions, it was comparatively easy to demonstrate to the foremen the value of nursing supervision.

The workers themselves were also approached and urged to come to the office for advice and help. Their cooperation was not easily gained, since in this industry the idea of "company medicine" is unknown, and the old idea that the nurse is "prying" is all too often held. However, the barriers gradually broke down, and a clientele was created through the two sources: the assistance of heads of departments and the voluntary appeal from the workmen.

A routine was established at once to assure a correct diagnosis in cases suspected of being tuberculous. The city dispensary was at our service for regular chest examinations, and many "personally conducted" tours were made, since the fear of medical intervention was always conspicuous. Doubtful cases were regularly weighed and charts kept, as also were temperature records. Every effort was made to learn the habits of life and the environment of the individual and to effect readjustments where necessary. The value of rest was emphasized, and the proper balance to maintain between work, rest, and recreation was dwelt upon at length. In many cases special diets were insisted upon. The teaching of food values and of the importance of adequate hours for rest was particularly needed, since there was woeful ignorance of both of these health essentials.

#### *Disposition of Cases*

As soon as a positive diagnosis was made an application was sent to a sanatorium. Fortunately Virginia has both white and colored sanatoria, and Richmond an excellent hospital for advanced cases, so that it was usually possible to secure opportunity for treatment. It was not so easy to get the patient to accept it. It is unnecessary to dwell upon the methods for overcoming resistance, since every nurse and social worker faces similar objections every day. All patients who

could be induced to do so were sent to a sanatorium at least for a short educational stay; those whose prejudices could not be overcome were put upon the cure at home. The factory nurse paid these latter home visits, and was assisted by the city nursing force in instructive work and the Visiting Nurse Association in all bed care.

The hospital patients were financed in a variety of ways. Where the patient had worked in the factory for a long time the sanatorium bills were paid by the factory. Some of the cases were cared for without cost at the city sanatorium. Sometimes a part of the period of stay at the state sanatorium was financed from Richmond, and the patient then put upon a free state bed. The workers in the factory raised funds, which, however, were generally used to provide the necessary sanatorium outfit. Churches, friends, the Associated Charities, and individuals made contributions, and no case went without care for lack of funds. Much aid was required—and furnished—for patients on the cure at home: sleeping porches, extra milk, partial support for short periods, all of the usual extra essentials for patient and family.

#### *After Care*

When a patient returned from the sanatorium he was at once visited and was kept under regular supervision; aid was given when necessary, and every effort made to allow ample time for recovery. Upon his return to the factory special supervision was at once inaugurated. I would like to dwell a little upon the splendid spirit shown by both company and employees to these returned patients. The company allowed them longer lunch periods, and arrangements were made for them to take a short rest in the afternoon. Time was granted them for attendance at clinic, and when signs of further trouble appeared they were sent to the country for rest, or allowed to remain at home without fear of losing their places. Undoubtedly this attitude on the part of the company did much to make the cure possible. The greatest

interest and concern was manifested also by the other employees, who never exhibited fear or unwillingness to permit the return of the patients.

The nurse kept constantly in mind the fact that these people must be kept on the job if the family were long to remain out of the class of dependents. In keeping them at work she received valuable assistance from the foremen, who proved most helpful once their interest was fully aroused. Regular chest and sputum examinations relieved some of the anxiety, but there remained the most serious responsibility of all—that of fitting the work to the physical capacity of the individual. In this the foremen proved wonderful assistants. Often change of jobs was found necessary; removing a woman from the bunch room, for instance, to a machine. Several times we had a chest specialist go over the various steps in the work with us in order to advise us in the assignment of jobs for different physical conditions. We were proud to have him say that if our people could work anywhere it would be in our factory. The machines were run by electricity and were very light. Frequently, however, a patient from the machines would do better physically at some other task; a woman from another part of the factory would improve when put at the machines. Such readjustments of work and increase of time for rest enabled many of our patients to remain with us.

#### *Our Results*

Of our 68 cases of tuberculosis we succeeded in sending 25 to the sanatoria, of whom, however, 12 were already far advanced, and died. Of the total 68 treated, 30 returned to the factory and 26 were lost sight of during the period of convalescence. This last figure is a little discouraging, but when we consider the class of laborers with whom we dealt, it is not excessive. The 30 patients who returned to work were probably the best advertisement we could have had. Gradually their presence in the factory led to greatly increased opportunity to care for the

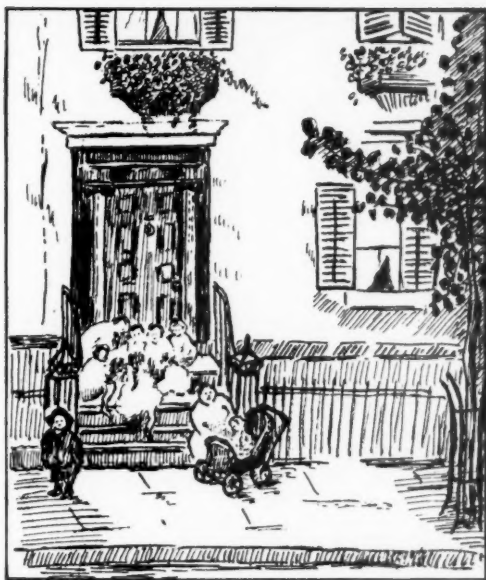
whole body of workmen, and will surely tend to bring to the notice of the nurse early cases of tuberculosis which now escape observation. The "cures" made it easier to induce patients to accept sanatorium care and went far toward making the doctrine of health understood in the factory. In time even the negro succumbs to the argument presented by this living proof of the possibility of cure, and in rapidly increasing numbers find courage to present themselves for examination.

#### *Recommendations*

Although this was the first industrial nursing service established in a tobacco factory in Richmond, it came, of course, after much excellent work elsewhere had not only blazed the trail but mapped out the method of procedure. It is easy in the face of these real accomplishments in factory nursing to make recommendations. The ideal is, naturally, the fully equipped medical department. If this is impossible of attainment, a medical examination before employment would prove a stepping stone to the complete department. Certainly such an examination would enable the company to reduce the number of cases of tuberculosis which enter their employment. Clinical and nursing facilities should, however, be made available to ensure the possibility of aiding the unfit to return to health.

Almost all factories, after the firm and the foremen have been educated in health work, will modify their hours a trifle to permit the tuberculous to have employment without incurring serious risk of a second breakdown. This ability to continue at the job is something which must always receive full consideration from the nurse. Rest rooms, permission for a short afternoon rest, a little longer lunch period, nursing supervision, including regular weighing, temperature records, and a reasonable amount of home supervision, are all attainable even in large factories. An adequate medical department is the ultimate goal, but adequate nursing supervision to protect the lives and health of the factory employees is a good half-way station.





265 Henry Street, New York

In September, 1893, Miss Lillian D. Wald and her friend, Miss Mary Brewster, rented a top floor apartment in lower east side, New York, "to live in the neighborhood as nurses, and identify themselves with it socially." The experiences of the following two years led to the establishment of the "House on Henry Street" ("265") in 1895 and a more formal organization of the nursing service. The present Henry Street Visiting Nurse Service is an outgrowth of this humble beginning, while "The House on Henry Street" remains as the center of the social service activities.

In 1902, through an experiment with the visiting nurse, the first school nurse was engaged by New York City.

In 1906 nursing service was extended into the Bronx.

In 1916 nursing service was extended on Staten Island.

In 1923, through the gift of Jacob H. Schiff, the building at "99" became the administrative offices for the 250 nurses of the Henry Street Staff. This building is dedicated "for love of Progressive Education, Civic Righteousness and Merciful Ministration."



99 Park Avenue, New York

The new administrative headquarters of the Nursing Service

*The third of the series depicting the homes and activities of voluntary, municipal and state public health nursing organizations.*

# VISITING WITH THE SENORITA

BY ELIZABETH CHILDERS

Public Health Nurse, Cook County, Illinois

SEVERAL months ago I was assigned to Lyden Township as my particular district of rural Cook County. This territory is northwest of Chicago, and is rich in human interest. The farms of yesterday are giving way to shack colonies of folks who have large families and find the living expenses of Chicago more than they can afford. To-day you pass along gazing far out over a fertile prairie and to-morrow it is dotted here and there with little homes, each having its makeshift stovepipe chimney. A goodly share of the furniture is stacked against the side of the house, which is usually too small to accommodate both worldly goods and children.

Recently I had the good fortune to meet the "angel of the Mexican camps," Senorita Maria, and went with her to the Manheim camp on the Chicago, Milwaukee and St. Paul right of way just north of Franklin Park. The senorita and two high school girls who are studying Spanish give one day a week as missionaries and teachers to the camp.

We walked a mile on the railroad tracks to the Mexican colony, where I found about forty families apparently very comfortably housed in box-cars. There was a place for everything and every thing in its place, so that there seemed ample accommodations for the family. In the corner of each car there was a tiny shelf or two lined with clean newspapers and decorated with the family china. Hanging beneath were the cooking utensils. In the opposite end of the car were the beds, covered with beautiful lace spreads and pillow cases. The walls were decorated with advertising posters pasted on the boards, and with an occasional holy picture, and the outside of each car was adorned with strings of red and green peppers and garlands of garlic.

Their bread resembled thick griddle cakes baked on the top of the stove,

and was served with chili con carne between layers.

I saw no evidence of malnutrition among the children and their teeth were beautifully strong and white. Their only complaint was that the railroad company had failed to provide water for the camp as it had agreed to do when it transported and located them there as track laborers. They were obliged to carry the water about half a mile, and for that reason many an unwashed face was seen among the children.

I did not see a person who could speak English, but all seemed to smile a welcome as they discussed their family problems with their beloved Senorita. We went to her little box-car mission chapel, where the women and children gather one day a week to worship and learn the first rudiments of our language. One end of the car is fitted with rude benches and tables and an ancient organ that wheezes as if suffering from asthma with every effort. The other end of the car is devoted to the kindergarten material, sand box, toys, and shelves filled with hand work in various stages of construction.

They all seemed anxious to learn and appreciative of our efforts to help them. It was a treat to hear them sing our sacred songs translated into Spanish. The first and only English song they had attempted to learn was "America," and I was glad indeed to join in singing this.

Because of the crowded condition of the neighboring public schools, the children in this colony are not admitted, and it is sad to state that scores of children under sixteen years of age in Cook County have never been to school and are unable to read or write an English word. I have tried to interest school boards of surrounding districts in their plight, but thus far have not succeeded in finding anyone who cared particularly about their educational deficiencies.

## TONY—AND OTHERS

*Home Care of Children Who Had Poliomyelitis in 1924*

By JESSIE L. STEVENSON

Supervisor, Visiting Nurse Association of Chicago

Editor's Note: This account is an excellent "follow-up" to the article on "Nursing Care of Acute Stage of Infantile Paralysis," by Bertha E. Weisbrod, in the July number.

ONE day last October the house doctor of one of our contagious hospitals telephoned and asked that a visiting nurse make a home visit upon a little patient who was that day being sent home after an acute attack of infantile paralysis. The doctor explained that the family was Italian and spoke very little English, and said that if he could give him some idea of the time of our call he would ask them to have an interpreter there. The child, a baby of twenty months, had an extensive paralysis of the muscles of both legs and abdomen and had been kept in the hospital a week longer than is usual in such cases because he had been so ill. He needed close observation, but there was no place to send him for convalescent care. Accordingly we promised that one of our nurses would go in to see him that afternoon.

Little Tony lived in one of our farthest outlying districts, necessitating a thirty-minute ride on the street car and a walk of six blocks to the tiny frame cottage, to find that the interpreter had not come. However, the mother understood a little, and when there is work to be done sometimes it is quite as easy to talk with one's hands. The nurse taught the mother how to give Tony a warm salt bath to relieve the soreness in his little legs, which seemed entirely lifeless. She tried to teach her in simple fashion that she must keep his little feet straight, that she must not let the bed covers rest on them, that she must not let his legs roll outward. Here a gleam of understanding came over the mother's face. She got a binder and deftly applied it swaddling-clothes fashion. This accomplished what we wanted even more effectively than sand-bags.

In the meantime ten-year-old Peter had come home from school and was able to tell his mother about the doctor at the orthopedic clinic at the Children's Hospital, to whom the nurse would take them if they were willing.

From Peter the nurse learned the story of the little family. The father had come to America first when Peter was but two. Four years later he was able to send for his wife and little son. Since then three other children had come—Gracie, aged three; Tony, a little less than two, and Tommy, a month-old baby. The mother was anxious to do anything that would help her little boy, and on that rainy afternoon the nurse was able to establish the beginning of a friendship which has won from this family the most faithful coöperation. She left one of the "blue books" on orthopedic care for the father to read and promised to return the next week.

In the six months since then Tony has been transported to the clinic in the Visiting Nurse Association car about twice a month. The streets in his neighborhood are not all paved, and sometimes the roads have been so impassible that our car could not get within two blocks of the house. Tony's father occasionally stays home from work to go with him; if not, an aunt stays with the other children while the mother goes. The visiting nurse has given treatments once a week. Twice a week, which is what we try to do when our cases are recent, would be better, but this same nurse had sixty other patients, twelve of whom were new infantile paralysis patients. Some of these lived in spots just as inaccessible as this family.

This story illustrates many of the problems that are constantly confront-

ing us in our work, namely, the need for early convalescent care, the need for transportation of patients to clinics, the difficulty of covering a large, outlying district by street car, and the necessity of home coöperation.

In spite of all the difficulties our reward is to see little Tony's legs not only straight, but with returning muscle power. His improvement shows to what extent home coöperation is the key to accomplishing results with these children. Our home visits are a big factor in securing this coöperation. Tony's father made a board framework which kept the weight of the crib covers off his feet, and at the same time held the feet and legs in the proper position. Tony has learned not to be afraid of the strange lady; he does not understand her language but he understands her smiles, and in his baby way realizes that she is connected with automobile rides and gold stars on a white card, and lolly-pops which drive away the tears when he is awakened from his nap. Peter, man-like, expresses his approval by "walking a piece" to the car with the nurse. One day he said in a burst of confidence, "See that big white house on the hill! My father says that we will have one like that some day."

Not all of our patients are as hopeful as this one, and not all of our families are as interested. But each offers its own peculiar challenge for our best work. A study of our new infantile paralysis patients of 1923 is an encouraging record of progress.

#### *New Cases in 1923*

During 1923, 86 new cases of infantile paralysis (anterior poliomyelitis), more than we have had in any one year since 1921, were reported to us. Two of these had died before we made the first visit. Two others live outside the city. One, a little boy of four, was brought here from Indiana to be under the care of an orthopedic physician for a few weeks. At the doctor's request, one of the visiting nurses went to the hospital each day while the family were here and taught the mother how to give the exercises.

The other patient lives in one of the suburbs and is under the care of a private physician.

Of the remaining 82, 5 are being given other treatment.

In two families, two children were ill. Two other little patients were cousins and playmates. Fifty-four of the total are boys and 32 are girls. Sixty-eight were under six years of age, 15 between the ages of six and sixteen, and 3 over sixteen.

#### *Degrees of Paralysis*

In order to judge the progress of these patients fairly, we must take into consideration the degree of paralysis in the beginning. Of the 77 we are now carrying, 11 had in the beginning very extensive paralysis, 41 had moderately severe paralysis, and 25 slight paralysis. To interpret this not at all scientific classification, we might consider a child with involvement of many of the muscles of both legs, both arms, and the abdomen, a case of extensive paralysis. A child who had both legs or one arm and one leg paralyzed might be considered as moderately paralyzed, while a child with a paralysis of one arm or one leg might be called only slightly paralyzed. The futility of such a classification, however, except for comparative purposes, is shown by the fact that a child who has one leg that is flail or lifeless may have a greater residual paralysis than another child who, in the beginning, had some of the muscles of both legs and arms affected.

#### *Results*

Eight of our patients have made spontaneous recoveries, which means that, after a period of from two to four months they seem practically normal and need to be seen only for occasional observation. Judging from present progress, we can predict almost complete recovery for 23 others. All of the remaining, except two, have made a steady improvement. These two are both babies less than two years old and thus far their little legs are lifeless. Our little Tony's legs for three months were just as lifeless; so



we have not given up hope for these other babies.

Forty-six of these patients now have some sort of apparatus—splints, casts, or braces. With the exception of a few who have stretched heels, and a few others who have back-bent knees from trying to walk too soon, there are practically no deformities in these cases of the year 1923. I doubt if there will be any wheel-chair cases.

Eight of these patients were not diagnosed and were not in the hospital during the acute stage of the disease. These were later discovered at clinics or were referred by other patients.

#### *Importance of Home Follow-Up Work*

A review of the progress of these patients seems to indicate that prompt follow-up work in the homes is the largest factor which contributes to our success. When a new patient is reported by the Health Department, the visiting nurse makes a home call, explains the nature of our care, gives the family one of the booklets published by the Association, *Infantile Paralysis: A Message to Parents and Patients*. If the family needs clinic help, she recommends the nearest clinic; if they can afford a private physician, and none is seeing the child, she gives them a list of several orthopedic doctors to whom they may go.

When the child returns from the hospital the family usually telephones

the Visiting Nurse Association. The visiting nurse teaches the mother from the very first how to give the after-care, for so much depends upon maintaining the correct position in order that contractures and deformities may not develop. In one case we arrived just an hour after the patient had returned from the hospital. We found a little lad of six lying huddled up in bed. The nurse showed the mother how to prop the weight of the covers from his feet by rolling a quilt and placing it under the covers. She adjusted a pillow under his arm (which was already beginning to contract), and gave careful directions as to maintaining the correct position, explaining the reasons very simply. So apt was the mother in following instructions that the doctor who made the call the next day told the nurse that the mother gave such intelligent care that there would not be much for the nurse to do until it was time for the special exercises.

That 77 children who had infantile paralysis in 1923 are under proper orthopedic care is due, I believe, in large measure, to the fact that the visiting nurse makes the first home visit and starts the family in the right direction.

The necessity for our home work is still further demonstrated by the fact that 68 of these new patients are under school age and would not be cared for by any other group.

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In connection with the question of "Colored Nurses in Public Health Nursing" we are glad to print the following letter sent to Miss Nannie J. Minor, Director of Public Health Nursing, State Board of Health, Virginia:

DEAR MISS MINOR:

As a reader of *THE PUBLIC HEALTH NURSE*, I have read Mr. Franklin O. Nichols' article in the March magazine on "Opportunities and Problems of Public Health Nursing Among Negroes" but it is with greater pleasure I read your response in the May number.

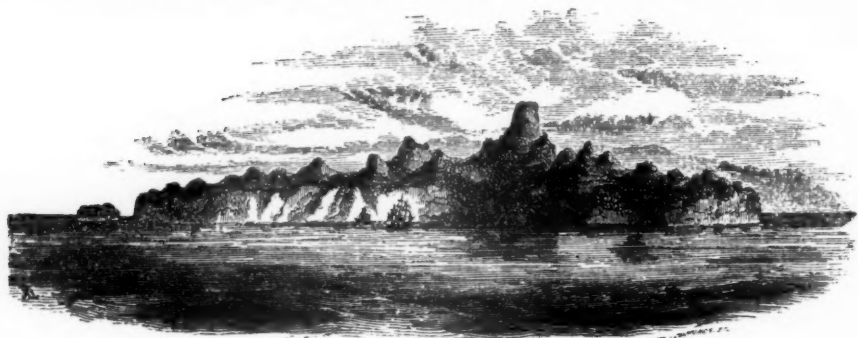
Being a colored nurse (although receiving my training and being employed in the "North") is the reason why I wanted to reply to Mr. Nichols.

Since you have done so so gallantly and without delay, and from actual knowledge, contact and experience, you are certainly deserving of much praise and commendation. As an individual, I am writing this letter to express my appreciation and to thank you. I also feel sure that I express the sentiment of a large group of colored nurses.

Very truly yours,

A READER OF "THE PUBLIC HEALTH NURSE."

## ROBINSON CRUSOE'S ISLAND



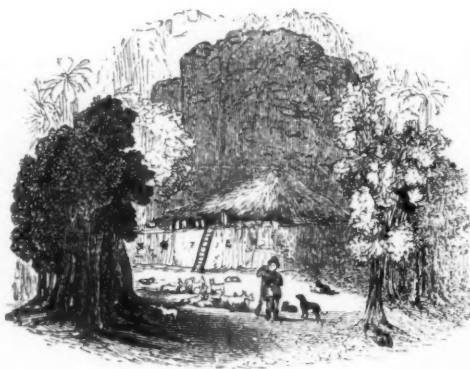
*The Island of Juan Fernandez—From an old woodcut*

If Robinson Crusoe were once more shipwrecked on the island his experiences immortalized, his misfortune would be broadcast to the world too speedily to permit of his enchanting adventures in the company of his faithful man Friday. There would be scant material for the book that has thrilled children of all ages on Juan Fernandez Island to-day. Primitive enough, judged by 1924 standards, it yet boasts a first aid station, a wireless, a free reading room, a victrola, and a Red Cross chapter.

Writing in *The World's Health*, Mario Vergara, president of the Valparaiso Provincial Committee of the Chilean Red Cross, describes Juan Fernandez Island "discovered in 1774 by the intrepid Spanish navigator who gave it its name. It is in the Pacific Ocean, 360 miles west of Valparaiso, an island of volcanic formation, endowed with beautiful flora and magnificent maritime fauna. Here the most splendid lobsters are to be found, and here also are whales and many rare species. It is part of the national territory of Chile and the population is 260 persons. It possesses a powerful wireless station."

M. Vergara, in his capacity of officer in the Chilean navy, had several times visited the island and knew the miserable conditions of the inhabitants. No one had worried about their health or moral welfare, for the climate is mild, and no one can remember an epidemic. "But there were no medical supplies; the women gave birth to their children without any aid whatever; the children grew up in the midst of savage surroundings, and the fishermen were in the grip of alcoholism."

Convinced of the urgent necessity, the Red Cross drew up a program providing a first aid station, with a medicine chest containing all indispensable supplies for emergencies and the medicines most needed for ordinary illnesses; stretchers; a special wireless service by which the



*Robinson Crusoe's Castle—From woodcut in original edition*

Valparaiso committee can be advised of the main symptoms of a patient seriously ill, and treatment can be ordered after consultation with a Red Cross doctor; the establishment and upkeep of a reading room provided with newspapers and reviews and a victrola. This was

in 1922. After three weeks the Provincial Red Cross Committee received the first list of requests for membership in the Chilean Red Cross, asking that the new branch be organized under the name of the Juan Fernandez Brigade. The health service, owing to the lack of a fully trained man, was put in charge of an old *enfermero* (male nurse), who happened to be employed on the island as a policeman. The reading room soon became the meeting place for the islanders.

The Brigade now has 120 members, or 46.07 per cent of the total population of the island. The islanders, on their own initiative, have made an agreement to restrict the use of alcoholic drinks, and the Red Cross has organized various courses for the development and physical culture of its members. Negotiations are under way with the supreme government for a subsidy in order to install on the island a maternity nurse, who would also teach child welfare.

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### ANNUAL CONVENTION OF THE AMERICAN PHYSICAL EDUCATION ASSOCIATION

The thirty-first annual meeting of the American Physical Education Association which was held in Kansas City, April 23 to 26, was attended largely by physical educators from the middle west and took the place of the usual annual meeting of the Middle-West Society. There was, however, a goodly sprinkling from both the Atlantic and Pacific coasts.

Mr. Carl Schrader, President of the Association, as general Chairman, created a feeling of good fellowship throughout the meetings, while Dr. Burger, Supervisor of Physical Education in Kansas City, with Dr. Black of the Health Department, kept the wheels going in the smoothest possible way. It was particularly gratifying to see this coöperation between the Education and Health Departments.

Among the high spots on the program was a paper by Dr. Allen G. Ireland, State Supervisor of Physical Education for Connecticut. He outlined a program of real community width and brought out the possibilities and methods of making such a program a natural growth from the inside, rather than something superimposed by outside authority and grafted on.

Another high spot was Dr. Williams' paper on "Interest Versus Effort in Physical Education." This was a masterly setting forth of the application of modern educational philosophy to physical education content and method and left the faithful adherents to formal gymnastics on rather slippery ground.

Prof. James Webber Lynn, of the University of Chicago, gave an excellent talk on Teaching versus Coaching, with all of the arguments on the side of the methods used by the athletic coach. He advised all pedagogues to take notice of the success of the coach in securing public approval and attention.

The banquet was an unusually happy one. Dr. William Burdick of Baltimore gave an unusually inspiring talk, urging all teachers of physical education not to limit their field of usefulness but to lose no opportunity to broaden their outlook with greater cultural and educational qualifications.

The educational exhibits from Kansas City showed the results of the work of Miss Maud Brown, formerly Health Education Director of the city, and co-worker with Dr. Burger.

ETHEL PERRIN.

## MERCER COUNTY MATERNAL AND INFANT HYGIENE ASSOCIATION

MRS. JEAN T. DILLON, Director of the Division of Child Hygiene and Public Health Nursing of the West Virginia State Department of Health, in sending us the report from which the following abstract has been made, says: "Although this work is little more than a year old, the largest group ever gathered in the interest of health education in the county met at the annual luncheon in Bluefield; two-thirds of them from the county, one-third from the city itself."

"It is a good thing to stop once in a while in any business and take account of stock," writes Nathalie C. Rudd in the first annual report of the Mercer County (West Virginia) Maternal and Infant Hygiene Association. And this is exactly what Miss Rudd proceeds to do in an illuminating report with a fund of definite information about the problems to be faced and Mercer County's record in dealing with them.

Tracing the development of child welfare work during the last twelve years, and explaining the impetus given this work by the extraordinary findings of the draft as to the unfit and the finding of the Children's Year Surveys, Miss Rudd "brings the whole matter down to our own front doors," with a consideration of Mercer County's figures.

Ten per cent of the whole number of deaths in the county during 1923 were those of married women of child-bearing age, and of these 74 deaths 25 per cent were directly due to childbirth. One hundred and sixty-one of the 1,694 babies born in Mercer County during the same period died, and there were 68 babies still-born, a total loss of 229 infants in Mercer County in 1923. This report, Miss Rudd explains, is necessarily incomplete, as West Virginia is not classed in the birth registration area.

The figures of Mercer County are not extreme examples of need. They are in fact quite in accord with those nation-wide figures put out by the Children's Bureau. It would seem, however, as if they were quite serious enough in their import to break down any existing feeling of indifference as to the need of health work in the county—serious enough to stimulate every group to go deeply into the affairs of its own locality, and make a study of what its particular contribution may be.

Adapting the general program of the Children's Bureau to local conditions, the following activities were held in Mercer County: In the first week talks were given to ten different women's organizations. Classes were held during the summer with Girl Scout groups, home nursing classes with women's clubs, and a lecture course was given at the summer session of the State Normal School.

Six clinics were conducted during the summer for babies and children under six, with a total registration of 78 children and an attendance of 135 children and 175 adults. A play, written by two girls and designed to show what they had learned in their course of better baby care and better hygiene, was presented in the town of Princeton. Another play was presented before the members of the Association at their annual meeting. A colored clinic was held in the fall with a good attendance and much interest. The exhibit and demonstration material assembled to aid in the health work was taken to various county fairs and institutions, where the babies were also weighed and measured. A conference on child welfare was held during the winter.

The aid of the Sheppard-Towner nurse was invoked by the district supervisors as the school year opened.

School work as such is not included in the program of this work but where the teachers have been coöperative and genuinely interested, it has been possible to help them to a considerable extent, and to put them in the way of help, without giving any appreciable time to this need.



There is a great uncovered need right here, and the absurdity sometimes forces itself on one's mind, of trying to arouse a full, intelligent enthusiasm in the minds of adults in relation to their own health problems, when all during childhood the question of health education has had but a minimum of attention. . . . The real work during the school season has developed into a series of classes for girls of two ages, one in their early teens or younger; and another group of the junior and senior high school age. The real motive of the work—which led to the passage of the Sheppard-Towner Act—has been explained to the girls, and their study of the normal care and development of the infant has been based on the thought that the opportunity to help out in this great work is sure to come to everyone at some time in life.

There was a total enrollment of 320 girls in the fourteen classes held at different schools in the county.

Outstanding instances in the year's work include the discovery of two children in the schools suffering from active tuberculosis, one child whose sight was so deficient that it would shortly have been destroyed if help had not come, and "babies tucked behind

hot stoves, covered with flies in the hot summer days, and in sickening lack of cleanliness."

What the future may have to offer through legislative aid, for the better protection of parenthood and childhood, will depend naturally on what use is made of the present temporary appropriation under the Sheppard-Towner Act. Every mother in the remotest hill of West Virginia has a right to safety, and to health for herself and her offspring. And this is not a hopeless ideal for Mercer County. With a sufficient stimulation of the already organized groups to a realization of their own responsibility (theirs as it is no one's else, for they stand as neighbors to the remote hill dwellers) with a group organization which owns the necessary equipment, is organized for home visiting and care, and is trained to recognize symptoms of danger and to give skilled service, about one-half of the present loss of life would be saved, for this is precisely what was done in crowded New York City. The woman of this day and generation must adapt herself to this day and generation. To continue to disregard the status of the human race and to cling to customs, convenience and equipment of 300 or 400 years ago, is to defy the laws of the universe which have always stood for progress and a re-adaptation to environment.

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#### BIENNIAL MEETING OF GENERAL FEDERATION OF WOMEN'S CLUBS

Miss Elnora Thomson sends us the following note:

The meeting of the General Federation this year in Los Angeles demonstrated the various angles of interest represented in the women's clubs of America, through the program which ranged from a pageant in which all of the states took part; through business meetings, strictly parliamentary; to luncheon meetings for groups with special interests.

The National Organization for Public Health Nursing touched the convention in two ways, one as an affiliated society. There we had part in a session devoted to two-minute talks by representatives of some twenty-five national associations and through the Public Health Division of the Public Welfare Department. With this Division we had a part on their luncheon program and joined them in a visit to the Pasadena Dispensary. This visit was arranged by Mrs. Edith Tate Thomson, Executive Secretary of the California Tuberculosis Association. The tables were placed on the lawn of this very attractive, most complete and efficiently conducted dispensary.

Mrs. Walter McNabe Miller, Chairman of the Public Health Division, is much interested in public health nursing and will be most happy to have our cooperation in service for her division.

Mrs. Miller was made Chairman of the Public Welfare Department. Mrs. John Sherman of Chicago and Estes Park, Colorado, was elected President.

## PICTURESQUE PORTO RICO

Colorful impressions of Porto Rico are contained in the enthusiastic report Miss Sara Lane gives of her work on the island, from which we make the following abstract. Miss Lane is Superintendent of the Nursing Service of the Board of Health:

I immediately felt at home here, as Porto Rico has much in common with the Near East, except for the difference in vegetation. The scenery is similar, as are some of the customs, the one-story houses with their red tiled roofs, and the little huts clustered

only to die. The patients are treated by the most recent and approved methods known to science, and some remarkable cures are effected. They enjoy victrolas and a radio, so that life is a long way from being isolated.

We have also a hookworm station where splendid success has been attained in clearing whole districts of this disease. The Bureau of Tropical Medicines is doing a wonderful piece of research work and we have two laboratories which are rendering efficient service. We have a splendid



*One of the Clinics*

together as if for protection. In some things we are quite as primitive, but there the similarity ends. One is impressed with the cleanliness of the people and of their huts. Children rule the country. They are happy in spite of their poverty, a sharp contrast to the poor kiddies in some parts of Europe.

The present Commissioner of Health, Dr. Pedro Ortiz, in addition to graduating from the best schools in Boston, has made an extensive study of tropical diseases and a very minute study of the needs of the island. He demands the same high qualifications in his assistants as he has himself, so that the heads of the different bureaus are experts in their particular lines.

Lepers' Island, which I have visited, is no longer a place where one goes

tuberculosis sanatorium, and a Spanish hospital managed by Spanish nuns which is worth traveling many hours to see.

Here, too, we have the school lunch, and the other morning I had the pleasure of seeing some hundred children given a breakfast of hot cocoa and bread by the sisters of the Notre Dame Convent, who furnish some of the children with three meals a day. In addition to the regular school they make it possible for some fifty girls and women to earn a livelihood by teaching them to make all sorts of garments and articles which they sell. The profits (when there are any) go toward feeding the children.

Our dispensaries are places of beauty with their lovely patios and wealth of flowers. We have very large clinics

here. Our problem is not to get the patients, but to get them cared for. The dispensaries were started six months ago by Dr. Ortiz. Already we need more. The people, while often illiterate, are still very intelligent, and are glad to take advantage of the clinics and are quick to grasp and apply the instruction given them. We started our first prenatal class last week. Here as in other countries we have the illegitimate child problem. The public health nurses, in addition to the field work, do something toward correcting this evil. They try to get the parents married and, strange to say, find their greatest difficulty with the women!

San Juan has an unusual charm for me. I love it. It grieves me very much to see no effort being made to preserve the fine old forts and walls of the one-time "walled city." They are being torn down to make way for railroads, trolley lines, and modern apartment houses. Just now the old Spanish customs house is being demolished, one of the oldest buildings on the island. I enjoyed the lovely old arched doorways and windows. There is also a gem in the way of a chapel where formerly the Spanish soldiers attended mass and where the paintings on the ceiling are as beautiful as when first done. It now serves as an office, and the niches where the statues of saints

reposed now contain records. I have traveled through the town of Aguadilla, where Columbus first landed and where the monument which marked the spot was destroyed by the earthquake of 1918. The "Treasure Island" of Robert Louis Stevenson is just a short distance out from Ponce in the Caribbean Sea. I have visited the tomb of Ponce de Leon, who is buried by the cathedral here.

I miss greatly the long walks I am accustomed to taking. Here the heat bars one from such exercise. Some mornings I try to walk to San Juan. I have great difficulty in evading offers to give me a lift. At first I thought it was because of my supposed many attractions. Imagine my chagrin when I discovered it was because "such a nice old lady had to work so hard and probably didn't have a nickel with which to ride!"

My trips over the island are a never ending source of delight. Each turn brings a bit of scenery more lovely than the last. At first I was terrified at what looked like reckless driving, but I soon found the drivers are extremely clever and you get used to violent lurches as you need to dodge a family of chickens, pigs, or goats, which seem to prefer the middle of the road for their siestas.

#### UNCLE SAM'S ROLL CALL DAY

Scene—The United States of America.

Date—September 12, 1924.

Characters—Uncle Sam and Reservists of the army and navy in civilian clothes.

Action—Uncle Sam stands with long list in hand calling aloud. Each Reservist stands at attention, ready for response as his name is called—

"Casey?" "Aye, aye, present, sir."

"Miss Red Cross Nurse?" "Here, sir."

September 12, 1924, the sixth anniversary of the Battle of St. Mihiel, has been chosen by General Pershing as the date to test out our alleged national preparedness. This test will involve nothing more from the individual reservists than thoughtfulness and a letter, telephone call, or telegram which will reach the designated headquarters on or before the appointed day.

Before September 12th each enrolled Red Cross nurse will receive by letter full instructions telling her exactly how to proceed.

We Red Cross nurses, the self-pledged reserve of the Army and Navy Nurse Corps, number 41,000. We should respond 41,000 strong on September 12th. We will, if each one bears in mind the importance of a national muster and her own pledge of service to the Red Cross.

Let's all be ready to say—

"Here, sir,"

On September 12, 1924.

HELEN TEAL.

# THE INTERNATIONAL SOCIETY FOR CRIPPLED CHILDREN

BY EDGAR F. ALLEN

Elyria, Ohio, President of the Society

THE International Society for Crippled Children aspires to assume a responsibility. It wishes to be intelligent in the application of help to those who are themselves helpless, and to see measures taken through science and education looking to the prevention of the causes which have to do with the making of this condition in children.

In our work for crippled children we seek the coöperation, support and help of all organizations, societies, and individuals who agree with us that human sympathy for human suffering is the motive spirit of civilization.

The International Society for Crippled Children might be defined and described as:

A voluntary service organization, made up of Rotarians and other associate and contributing members, which realizes that the needs of the crippled child represent a state problem and as such its solution depends upon an intelligent public opinion interested in doing the greatest good to the greatest number of such children.

It endeavors to create public opinion to support the local public and state officials in their efforts to care, cure and educate, and also to remove the causes of these unfortunate conditions in the children of the different states.

Its responsibility, in order to remain vital, must be based upon actual participation in the work by supporting, encouraging and stimulating such persons to do their work effectively.

It believes that the social service and extension plan of operation through local and state government is more economical and statesmanlike than the services possible by a state institution for the care of crippled children.

It is not another organization to care for crippled children, but rather an instrument to bring about the greatest coöperation possible among all local and state agencies now interested in such children.

Our plan for the care, cure and education of crippled children might be defined and described as:

1. Evolving out of what is known as

"extension service" as distinguished from "institutional service."

2. Lays stress upon dispensary and social service in connection with existing public and private hospitals, schools, convalescent homes and institutions.

3. Fixes the cost of care, cure and education largely upon the public.

4. Advises against building of institutions for crippled children until all existing facilities at hand have been given an opportunity to develop adequate capacities and proper standards and until actual facts regarding numbers of existing cases are known and means for operating expenses of proposed institutions are in sight.

5. Includes maintenance costs, physical care and education, that the crippled child shall not only be helped physically, but become a self-supporting citizen.

6. Includes legislative authority to increase the extension plan through field service attached to state departments which shall aim to set adequate standards of service and stimulate coöperation among those individuals and agencies dealing with the care, cure and education of crippled children.

7. Includes an intelligent constituency for the crippled child in an active society which constantly keeps his needs before interested organizations and the public until such time as the society realizes the needs of the crippled child and such needs will be automatically cared for.

These purposes and the way we hope to make them possible means that we do not believe that the crippled child throughout a state can receive through state institutions the benefit and help that is needed, but that the problem of the crippled child is a county and a state problem, and that the facilities must be brought to the child, as far as possible.

After ten years of experience, visualizing at the time the needs of the crippled child in terms of hospitals and equipment and surgeons only, it became evident that this new plan could be carried forward in a large way only through some organization of men which had serving stations in almost every city of any size in the country,



able in their particular communities to arouse the interest of the people in the problem, to see to it that facilities were established, and willing to make the connecting link between the child and such facilities.

This problem was presented to a few Rotary Clubs in Ohio, and in a very short time the entire sixty Rotary Clubs of the state of Ohio, with 5,000 membership, became interested.

The success and value of their work through Rotary in Ohio was so evident that the idea spread until now we have set up twelve different state and provincial organizations, the active membership of which is practically confined to Rotary.

It has offered Rotarians everywhere an opportunity to put into practice their motto, "Service Above Self," and to render a piece of service really worth while. In this way they have become really the steering organization.

It is not the purpose of the International Society and State Societies, which are divisions of the International, to absorb this work and take it as their own. It is rather their province to see that it is done, and as far as they desire, to have the pleasure and privilege themselves of actually coming in contact with the child and its parents in the home.

While we believe that this movement must be carried on in different states as a state movement, and that a State Society with its different local agencies may greatly influence proper legislation, we hope to enlist the services of thousands of others, and to coöperate with all agencies having to do with the welfare of the crippled child.

The International Society and the different State Societies are not Rotary International, they are simply Rotary as individuals, using their time and talents as business men to solve the problem, first in their communities, second, throughout the state, and third, throughout the nation.

Rotary in this movement is rendering two classes of service:

*Indirect*, where Rotarians give perhaps of their money or their influence, or through some agency other than themselves.

*Direct* service, where the business and professional men of a thousand cities are coming in contact with the child in the home, and making the connecting link between the facilities that they may in mass action establish, and the child they wish to serve. If it were not for this contact, all the state institutions, all the legislation and all the money would not of themselves solve the problem.

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The—to us—outstanding scintillation of the 1924 "Follies" produced in Toronto with great success by the National Conference of Social Workers was the reply of the Chinese divining lady (put on by the Cincinnati group). The statement of the question was:

Frankwood Williams, the famous mental hygienist, says that he and Ray Everett motored to the Toronto Convention. Just as they crossed into Canada they bumped into a packing box which on investigation they found to contain twelve bottles of Scotch. Dr. Williams asks how oracle would diagnose this? Answer: "She say it was a borderline case."

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Why not plan your County Fair exhibit around a person or some people in action? You may have a simple demonstration, like bathing the baby, making the bed for outdoor sleeping or choosing the right things for the school lunch from an assortment of good and pure foods, and packing the lunch in a box while you talk about it. You may have a contest, a chalk talk, a game. The proper ingredients are personality and things being handled or moved about.

*Committee on Publicity Methods in Social Work*

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## ACTIVITIES *of the* NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

*Edited by* ANNE A. STEVENS

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REPORTS OF SECRETARIES GIVEN AT BIENNIAL CONVENTION,  
DETROIT, JUNE, 1924

At the meeting of the business session of the N.O.P.H.N. at Detroit, on June 16th, a departure was made from the procedure at the last convention in the rendering of the report to the Organization of the work of the Director and the staff. Each member, with the exception of the Pre-School Secretary and the Second Administrative Assistant, reported in person. The following are the reports as submitted by the Acting Director in the absence of Miss Stevens, and by the staff members.

The report of Miss Fox, our President, will be printed in the September—the Convention number—of the magazine.

### *Report of the Acting Director*

I know that the membership of the N.O.P.H.N. is as disappointed as are the Board of Directors and the members of the staff in not having with us Miss Stevens, our General Director. Because of her absence it becomes my privilege to present to you this report. May I first say how happy we are in knowing that Miss Stevens is well on the road to recovery and is planning to again take up her work with the organization at the end of the summer.

Since the last Convention there have been several additions made to our staff. The appointment of an Assistant Director became necessary when Miss Carr, the Associate Director, who had been giving part time to the magazine, became the Editor of *THE PUBLIC HEALTH NURSE* in March, 1923, the Assistant taking over the work of the Associate.

When Miss Ysabella Waters, after ten years of voluntary service as Director of the Statistical Department, resigned, Miss Maria W. Bates was appointed Statistical Secretary in charge of the department. Miss Field, who had been Miss Waters' assistant, was retained in that capacity.

The removal of the magazine to the New York office necessitated the ap-

pointment of an assistant to Miss Carr. Mrs. Elizabeth B. Hough was appointed to fill this position.

When the program of the American Child Health Association was crystallized it was decided to accept the recommendation made to member agencies by a committee of the National Health Council, namely, to center their nursing service in the N.O.P.H.N. This meant that specialists in nursing related to child health were added to the staff of the N.O.P.H.N. with the financial support of the A.C.H.A. Miss Elmira Bears was appointed Secretary for School Nursing and Miss Dorothy Rood Secretary for Pre-school Nursing. A second assistant was provided in compensation for the added administrative work involved in directing the Division of Nursing of the American Child Health Association. Miss Mary A. Brownell was appointed to fill this position.

With the resignation of Miss Florence Bradley, our Librarian, who, I am sure, is known to many nurses, came the reorganization of the library and the administration of our library service through the National Health Library. An administrative librarian was appointed whose responsibility it would be to learn the functions of all

the agencies in the National Health Council.

Miss Anna L. Tittman was appointed Vocational Secretary to succeed Miss Van Duzor, who resigned in April, 1923, and Miss Tattershall replaced Miss Field in the Statistical Department in April of this year.

Many of our members are familiar with the name of Miss Glover, who was associated with our organization as Office Manager. Miss Glover has recently resigned, and Miss Royer has been appointed Office Manager.

I am making no attempt in this report to cover the work of the individual staff members for the past two years. The magazine has carried some of this information, and each secretary will report to you on the work of her department. Miss Mary A. Brownell and Miss Dorothy Rood have been members of our official family for so short a time they will not report at this session.

The Standing Committees will not report to you at this session since these committees act as an advisory committee to some of the staff members, and their reports will represent the concrete things which the committee guides and directs.

The Committee to Study Visiting Nursing, launched at the Seattle Convention, is reporting to you at this Convention. Copies of the tentative report have been circulated and the committee is awaiting your suggestions and criticisms.

As a result of the publicity of the Visiting Nurse Study various requests have come to the N.O.P.H.N. for studies of local work. These requests we have been able to meet because of the increase in the staff. Twelve studies of visiting nurse work have been completed in addition to the study of the nursing activities in the Departments of Public Health and Public Instruction of the Commonwealth of Pennsylvania. The request for this study came to the National Health Council, and the field work was assigned to the N.O.P.H.N.

We have been forced through the

stress of routine work and additional work entailed by the preparation for Convention and the absence of our Director to refuse several other requests which we hope will be renewed this fall. We are at present making a study of the work of a county organization which is used as a rural practice field for one of the University Courses.

May I take this opportunity to express to the Board and to the Staff my appreciation of their cooperation and assistance in these last few months when it was necessary for me to assume Miss Stevens' duties. Without their loyalty and support it would have been impossible for me to "carry on."

#### *Education Department*

The Education Department of the N.O.P.H.N. has carried on its activities along three main lines the last two years. First, at invitation of the courses it has continued to visit, study, and advise the various public health nurse post-graduate courses.

At the present time there are seventeen of these courses on the lists of this organization as recommended by the Education Committee. Of these, eight are on the fully indorsed or A list, and nine on the tentatively indorsed or B list.

Hereafter these courses will be graded or rated according to an A, B, or C grade, on the basis of certain specific points which have been agreed upon as essential. Briefly, these points cover admission requirements, academic and professional; status of the department in the university, including a consideration of the adequacy and the permanency of the budget; numbers of students; facilities for technical or theoretical instruction; correlation between theory and practice; facilities and methods for practical instruction. The prerequisites for this rating of the post-graduate courses require that such a course should be connected with an educational institution of collegiate grade; that no certificate shall be granted for less than one academic year of work, and that the

director shall be a qualified public health nurse. Each of the courses now on our lists meets these requirements. These standards show a very definite improvement over the conditions which obtained at the time of the Rockefeller report study. Especially have the qualifications of the directors from the academic side been improved, without any loss of that other most essential qualification—experience.

All of these courses except one have been visited by the Secretary within the last two years. This in connection with visits to places interested in developing educational work for nurses has meant visits to practically every section of the country—from Los Angeles, Galveston, and Houston to Boston, from Georgia to Colorado and Seattle. On all of these trips a consideration is given not only to technical questions of facilities for the teaching of nurses, but also to the needs of the field in the various localities, the practical problems and the general standards in nursing that obtain. Every effort is made to bring about a closer relation between the community and the N.O.P.H.N. and nursing headquarters in general.

This past year has shown an increase in the numbers of students attending these courses over the number since the first years following the war. Accompanying this increase in numbers there has been a general improvement in both the academic and professional qualifications of the students. In other words, I believe we are on a much more sound and permanent basis than heretofore, and believe that we can hope for the maintenance of better standards for positions in public health nursing work than has been possible or practical in the past.

The second activity of the Education Department has been in relation to the questions of undergraduate nursing education and in relation to the problems of affiliations with public health nursing associations and schools of nursing. In this interest we have maintained a close relation with the National League for Nursing Educa-

tion. We need to determine what material, both didactic and practical, found in public health nursing work shall be made available to schools of nursing, and the best manner in which this material may be taught.

Thirdly, we are studying the question of educational programs which are a necessary part of every public health nursing administrative service. It is our aim to determine the basis upon which various nursing services may maintain an educational supervisory service which will meet the needs of the community for more and better public health nursing and for more and better public health nurses.

Besides these three lines of activity the Education Department has acted as advisor this year to the twenty American Child Health Association nurse scholarship students in helping to arrange their programs and in studying the educational opportunities available to them.

Many requests are being received constantly from various countries for information and sometimes for advice concerning the education of nurses for public health work. To help meet this demand, an article was prepared describing the education of nurses for public health work in the United States under desirable circumstances. This article has been translated into several languages. Sometimes it seems that this correspondence with foreign schools threatens to be as great and as urgent as the requests which come constantly from all parts of the United States.

It is expected in the next two years we can report even greater progress along these three lines of activity. Especially we hope that there will be an increasing number of nurses who avail themselves of the splendid educational opportunities for the study of public health nursing now available.

#### *Statistical Department*

When Miss Yssabella G. Waters gave up her work of collecting data about public health nursing following the Convention in 1922, Miss Mary A.



Clark was asked to make a study of the files which Miss Waters turned over to the N.O.P.H.N. After the study, Miss Clark recommended that a Census of Public Health Nursing be undertaken. In March, 1923, a statistician was appointed to begin this work, and Miss Clark became our consulting statistician.

We were unable to begin concentrated work on the Census until the fall of 1923. This situation was due to the many requests which we received from the field and the assistance given committees and staff members of the N.O.P.H.N.

Requests from the field began to fall off as our information grew older and as we continued to put off answering them by saying we were to undertake a Census.

However, as our popularity began to wane in the field it seemed to increase with committees and staff members of the N.O.P.H.N.

For the Education Department we prepared two sets of questionnaires to get the number of student nurses sent by certain hospitals to obtain public health nursing training in certain public health nursing associations.

For the committee on the relation of the nurse to the Maternity and Infancy Act we prepared a questionnaire which was sent to each state accepting the Maternity and Infancy Act. After the returns were in we compiled a report.

A month of our time was given to the editing and tabulating of approximately a thousand personnel and time sheets for the survey of the Public Health Nursing undertaken by the National Health Council in the State of Pennsylvania.

Our assistance was also given on other survey work.

In the meantime we gave whatever time we could to preparation for the Census. The Census work has been begun in Massachusetts, Rhode Island, Connecticut, eastern Pennsylvania, Michigan, Indiana, Illinois, Wisconsin, Iowa, and New Mexico. On June 13th Connecticut had returned 83 per cent

and Indiana 87 per cent of the forms sent out.

We forecast that the Statistical Department will be able to give our members valuable information before the next Convention, *provided, of course*, that directors of Nursing Services fill in their forms as well as some already received, and provided that the Census representatives will be able to locate *all* organizations.

We hope to furnish to each state summaries of what the Census shows about the public health nursing of the state. We shall also be able, on the basis of the information which we secure, to answer many special questions.

#### *Eligibility Secretary*

During the past two years the time of the Eligibility Secretary has been divided between the work of the Committee on Eligibility and the Committee on Branch Development and Revisions. Much of the constructive work in State Branch Development naturally falls in the first two years. The nature of this work makes difficult an estimate of it on a time basis. However, we can easily estimate the time given credentials of members of our State Branches. The checking of their membership lists has demonstrated that we do not have to handle credentials for all. Of the total sent in (962) it has been found that we have credentials already on file for 69 per cent of the Nurses. In one state (Texas) we did not have to ask for one credential. In another (Kentucky) only one was needed, while in a third (Oklahoma) only three were required.

On June 1, 1922, there were pending 114 applications for membership in the N.O.P.H.N. In the two years intervening between Conventions, we have received 2624.

Seventy-eight per cent of these applicants have been enrolled as nurse members.

Five per cent of these applicants have been enrolled as associate nurse members.

Three per cent of these applicants have been enrolled as corporate members.

Two per cent of these applicants have

been enrolled as associate corporate members.

Four per cent of these applications were retired.

Eight per cent were pending on June 1, 1924.

When we consider that 166 or 5 per cent of these applications came to us in May, 1924, we realize that 3 per cent represents the very small number awaiting enrollment for more than 2 weeks. Only 4 per cent of the total applications have been retired. The chief reasons for retirement are failure to receive initial payment of dues and failure to obtain adequate credentials.

The interest of corporate members in the annual eligibility rating has steadily increased. Of the total (240)—151 corporate members have an eligibility rating of 100 per cent at the present time and 63 have ratings between 99 per cent and 80 per cent. Twenty-six associate corporate members have an eligibility rating below 80 per cent.

The Directors of courses in public health nursing frequently consult us when in doubt about the fundamental training of their applicants.

In the past two years we have collected and filed information about 124 training schools for nurses in the United States and 41 in foreign countries.

The information we have been compiling over a period of years now includes 1252 domestic and 106 foreign schools about which we were unable to find any information in print. Constant watchfulness required in gradually building up this file of information is stimulated by the desire to make this a worth while contribution to the work of the National League of Nursing Education, as well as to provide the Committee on Eligibility with information necessary to its work for the N.O.P.H.N.

#### *Vocational Department*

These first nine months of service have been exceedingly busy months, fraught with human interest which the following statistical report can in no

manner reveal. The growth of the service since it was established as a definite department in March, 1922, is indicated by these figures, as compared with the work of the initial nine months:

#### *Period September 1, 1923, to June 1, 1924*

Personal interviews, 776 (increase 30 per cent).

Conferences, 66.

Vocational applications, new 361 (increase over 200 per cent), reopened 100.

Requests for nurses, 145.

Letters and telegrams sent out, 7,379 (increase 300 per cent), (including 1,972 form letters).

Number of references of nurses to positions, 1,233 (increase 200 per cent).

Number of placements accredited to Vocational Department, 134 (increase 60 per cent).

Visits to organizations, 12.

Addresses or talks, 7.

In addition the Vocational Department has been active in arranging observation itineraries for members of the nursing and medical professions and for lay persons serving as members of Boards of Directors of local organizations. These itineraries included visits to public health organizations whose work is known to be outstandingly good. There were nineteen such itineraries ranging in length from a few days to one of six consecutive weeks' duration which was made possible by a traveling scholarship. The visitors included two nurses from France, one from England, one from Canada, one from Sweden, a physician from Australia, and a physician from Chile. The Vocational Department has profited by the reports received from the visitors in which the various visits were evaluated.

The figures which have been presented are both encouraging and discouraging. We are pleased, of course, with the extension of our service and the increase in the number of contacts made. But we have felt that there has been a deterioration in the quality of work in some respects, due to the necessity for reduction in time actually devoted to the study of the qualifications of the registrant and the analysis of the requirements of the positions to be

filled. Almost no time is available for field visits which are so essential. The Executive Committee in December appointed a full-time secretary to the vocational secretary, and also allowed an additional worker who divides her time between clerical and stenographical service. These workers are now carrying practically all of the work which can be delegated to a non-nurse. The Vocational Department presents possibilities for almost unlimited growth, and it is hoped that our budget may allow additional personnel and equipment in the near future.

Some interesting questions concerning the policies of the Vocational Department have arisen during the past several months. A complete compilation of policies and methods have been presented to the Executive Committee.

The Executive Committee has approved the request for an advisory committee and regional advisers to the Vocational Department, appointed as follows:

#### *Advisory Committee*

Miss Mary Gardner.  
Miss Mary Elderkin.  
Miss Antoinette Cannon.  
Mrs. Helen LaMalle.

#### *Regional Advisers*

Miss Eula Butzerin—Minnesota.  
Miss Minnie Ahrens—Illinois.  
Mrs. Elizabeth Soule—Washington.  
Miss Mary Railey—Louisiana.  
Miss Sally Lucas Jean—New York.  
Miss Nelly Van Kooy—Wisconsin.  
Miss Helen Hartley—Oregon.  
Miss Amelia Grant—Connecticut.

Through the advisory committee and regional advisers the vocational service will receive a broader and better interpretation throughout the country, and the needs of the field will be more effectively interpreted to the National office. We are particularly glad to have the Boards of Directors included in this group. If there is to be a full sharing of the fruits of our service there must be a sharing in the responsibilities. Ideas and suggestions are coveted for the furtherance of the usefulness of the Vocational Department.

#### *Field Secretary*

The N.O.P.H.N. Field Department is represented by several secretaries. Any secretary who goes out from the headquarters into the various states to do a piece of field work is considered a field secretary. Nevertheless, the department designates one individual as the field secretary, and this report covers her activities for the past two years.

Since its inception the character of the Field Department program has changed considerably. There has been an accumulation of activities, some of which were temporarily assumed to meet an emergency, others as a permanent part of the Field Department's program.

The following five different activities, therefore, have been engaged in by the field secretary for the past two years:

*Observation Visits:* Observation visits have been made to forty-five Nursing Services in twenty different states to observe the nursing work being administered by

Municipal Departments of Health,  
Boards of Education,  
Counties,  
Visiting Nurse Associations,  
Child Welfare Associations,  
Tuberculosis Associations, and  
Industries.

These observation visits were made in order to give to the local nursing services and to the N.O.P.H.N. mutual understanding and aid. The information gathered is available to all department secretaries of the N.O.P.H.N.

*Branch Development:* When state affiliation with the N.O.P.H.N. through Branch Organization was made available to the states, the Field Department offered assistance in interpreting the branch plan—and assistance in the actual organizing of the branch—to any state requesting such assistance.

Upon request fifteen states have been assisted, and of this number eight are now branches of the N.O.P.H.N.—namely, Minnesota, New Jersey, Rhode Island, Maryland, Kentucky, Okla-

homa, Arkansas, Pennsylvania. The States of California, Oregon, Washington, Texas, Utah, are branches of the N.O.P.H.N. These states were not visited or assisted in branch organization by the field secretary.

*Study of Definite Local Organization Problems:* Due largely to publicity in connection with the Visiting Nurse Study, but also due somewhat to branch field work which has afforded close contact with local public health nursing services, eight city Visiting Nurse Associations, two Health Demonstrations, and one Industry have requested special study of their work. From two days to three weeks have been given to each study.

For a short period the field secretary assisted with the work of the Vocational Department.

*Preparation for the Biennial National Nursing Convention:* As chairman of the N.O.P.H.N. program committee, the last few months have been given to the preparation of the program and details in connection with this 1924 Convention.

#### *Membership and Publicity Secretary*

As the name implies, the membership and publicity secretary performs a dual rôle. Her activities as membership secretary involve the devising of ways and means to keep and increase every class of membership in the National Organization for Public Health Nursing. The membership committee, with Miss Gertrude W. Peabody as chairman, is always available for consultation. "Membership Month" is the outgrowth of the advice received from the membership committee. An all-year-round routine is maintained whereby approaches are made to staff nurses, student nurses, and nurses discovered by the various departments of the N.O.P.H.N. No direct, or rather only occasional contacts are made with lay people for the purpose of inviting them to sustaining membership in the N.O.P.H.N. Nurse members and corporate members are relied upon to recruit interested non-nurses to the sustaining membership of the National.

The publicity part of the secretary's

program occupies approximately two-thirds of her time. This involves publicity for the N.O.P.H.N. itself, such as the making of membership folders, the conducting of subscription campaigns, etc.; and it also involves the giving of advisory publicity service to N.O.P.H.N. members. The following is a list of outstanding pieces of work undertaken in the last year:

The N.O.P.H.N. induced the General Federation of Women's Clubs to undertake an educational campaign in connection with public health nursing. This comes under the head of general publicity.

A Package Publicity Loan Service was initiated in February and since then has been used in twenty states and two provinces of Canada.

A public health nursing exhibit was prepared for permanent display in the new Hall of Health at the Smithsonian Institution in Washington, D.C. Lord and Taylor, one of the most exclusive department stores in New York City, thought this exhibit of sufficient popular interest to display two of the six exhibits in their Fifth Avenue windows during May week.

The 1924 Poster was produced.

As a member of the Publicity Committees of the National Health Council, the publicity secretary is in a position to give out information concerning health movies, slides, etc.

Another activity has been service on the National Publicity Committee for this particular Convention. For this, the publicity secretary of the N.O.P.H.N. has acted as secretary and therefore a large part of the publicity for this Convention has passed through her hands. She has also arranged for the Round Table on Publicity for the Convention.

#### *Secretary for School Nursing*

When the program of the newly formed American Child Health Association was formulated a recommendation was made by the National Health Council to the effect that the nursing service of the A.C.H.A. be centered in the National Organization for Public Health Nursing. To carry out this plan, nurses, especially trained and interested in child health work, were to be added to the staff of the N.O.P.H.N. on the nomination and with the financial support of the A.C.H.A. Thus the resources of both organizations could be made available to all public health nurses. It seemed best to start with a tentative program until we



should know and understand better the needs from the field. For that reason the work fell into two natural divisions: that which should come to headquarters and that which should be done in the field. The specialist in school nursing was added to the staff in September of last year.

The office work has consisted largely in—

First, carrying on correspondence relating to school nursing and to problems in school health work which affect the school nurse.

Second, interviewing people who come to the office in the interest of school nursing or the participation of the nurse in the school health program.

Third, in finding material which will help fill the demands from the field, such as literature and other resources.

The work in the office has occupied the larger part of the ten months.

The work in the field has consisted largely in visiting the post-graduate courses in public health nursing because of the demand for special lectures and advisory work and the need for more practical field work for school nurses. Since September five university courses have been visited and several series of lectures have been given to the students in school health work. In each instance the instruction in school nursing in connection with the course was studied, and we are hoping to gather a body of information at headquarters which will be of use to the directors of the courses in planning further training for school nurses. Conferences have been held with many supervisors of city and county nurses, staff nurses, superintendents of schools, medical inspectors, principals, teachers, and members of school boards. The purpose of the service has been explained and an endeavor made to acquaint the people in the field with the resources of both national organizations.

A forum has been opened in *THE PUBLIC HEALTH NURSE* for discussion of problems concerning school nursing. We are hoping that the nurses will take advantage of this opportunity and

will send in to the editor the problems and questions of interest to the school nurses. If the right use is made of this opportunity we feel that it will be of real help to the nurses all over the country.

The office of the secretary of School Nursing is situated in the quarters of the A.C.H.A. It seemed wiser to work in the atmosphere of child health, where close relationship can be had with other professional workers in the same field. The increasing interest in the new service seems already to have justified its development, and we want nurses to understand it better and to use it to the utmost.

#### *Magazine Department*

As will be recalled from notices that have appeared in the magazine, *THE PUBLIC HEALTH NURSE* was formally transferred from the editorial offices in Cleveland to the headquarters of the N.O.P.H.N. in June, 1923. The first number published under the new auspices appeared in July, 1923.

The new publications committee was selected to represent the country geographically and functionally.

The committee held one formal meeting in September, 1923, and defined so far as possible the policies for the year. This committee is supplemented by an advisory committee to the editor of three others, easily accessible. Two members of the old committee, Miss Brainard and Mrs. Lowman, continue as members of the new.

The present staff consists of the editor, an assistant part-time editor, and a full-time secretary. A certain amount of the mechanics of circulation has been transferred to the general office staff.

In January, after submitting the contract for the year to several bidders, it was decided to transfer the printing to an Albany firm, for financial reasons and also because of greater accessibility.

It has taken us some months to get over the inevitable difficulties of adjustment, but we hope these are now more or less of the past. Beginning with May, we have arranged a schedule which should insure publication within

the first week of the month—though this is dependent on the exigencies of material. We hope we have also solved some of the difficulties of paper and illustrations.

It has been the endeavor of the publications committee and the editor to keep up the high standard bequeathed to them by the former editors.

Few changes have been made. It is proposed, however, as announced in the June number, to begin a new department in the autumn, "open to all comers," on problems and policies relating to public health nursing organizations.

We have tried to develop certain "series" of special general interest—maternity care as part of a public health nursing program; problems of school nursing; Indian public health affairs; nutrition; the interesting question of colored nurses in public health work; and a new series, brief descriptions of organizations and their homes, the first of which appeared in June. We have also tried to present pictures of foreign work.

It has not been exactly our object to start a fight, but we find a slightly belligerent attitude on any subject is often productive of a desire to put it into writing—desirable from an editorial point of view.

It should, we think, be realized that our magazine has an unusual range of interests, personalities, needs, and geographical complications to satisfy.

We acknowledge with deep gratitude the very generous response we have

received to requests for articles and material.

One of the numerous advantages from the transfer of the magazine to the New York office has been the accessibility of experts, enabling us to confer with them about material received or desired. The fact that one of the editors of the *American Journal of Nursing* has her office at 370 Seventh Avenue has enabled us to confer frequently, with advantage. The editors of several of the health magazines also have their offices at 370. This has made possible a helpful series of editors' meetings.

The question of possible amalgamation of nursing magazines has been brought up and quite carefully considered during the past year. Also other modifications or "federations" with other health publications. This, we believe, is a serious question, to be thoughtfully considered from all angles.

A comparison of the cost of printing the PUBLIC HEALTH NURSE during the first six months of the years 1923 and 1924 reveals a substantial decrease. The total cost for printing the magazine, including the making of cuts, changes and alterations, was \$6,594.39 from January to June inclusive in 1923. For the same period in 1924, the cost was \$4,995.57, a total saving of \$1,598.82, or an average saving of \$266.47 per month.

The comparison of the advertising income of the magazine during the first six months of 1923 and 1924 shows a total increase of \$487.32, or an average increase of \$81.22 per month. The total receipts from advertising for the first six months of 1923 were \$3,536.13 and for the same period of 1924, \$4,023.45.

The National Organization for Public Health Nursing was represented at the meeting of the "National Council of Agencies Engaged in Rural Social Work" on June 25th in Toronto by Miss Hodgman and Miss Carr. This meeting directly preceded the meetings of the Conference of Social Workers. The discussion centered around two main points: first, a study of agencies at work in rural communities, which is being made by Dr. Douglas for the Institute of Social Research, was presented. Dr. Douglas has made an interesting analysis of the various types of social agencies representing religious groups which were to be found in certain counties studied, the relation of these to the general community needs, methods of financing, etc. Dr. Douglas stated that probably 50 per cent of the rural communities in the United States cannot be self-supporting in a degree to carry on organizations for social, health, recreation, relief, etc., activities which make possible a well-rounded community program for social function. Dr. Douglas' report will probably be published early next Spring by the Institute of Social Research. It should prove a valuable reference for all workers in rural fields.

The afternoon session centered around the question as to the outstanding social needs in rural fields as expressed by the various groups which were represented. The discussion brought out the essential importance of knowledge of rural social organization for all workers in rural communities.

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## REVIEWS AND BOOK NOTES

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### MARY GAY STORIES

By Stella Boothe, R.N., and Olive I. Carter, A.M.

World Book Company, Yonkers N. Y., 1924. 60c.

This series of stories is about a little girl called Mary Gay who is given the gift of seeing things as they really are by the Fairies. The Good Health Habits and the Bad Health Habits appear to Mary Gay as personifications who contend for her favor.

The master villain of the piece is the Dragon of Ignorance with his three heads, I-Don't-Know, I-Don't-Care and Too-Much-Trouble. Even if he is a dragon he is a comfortable, debonair sort of villain who vanishes with a "pluff" when Mary Gay chooses Early-To-Bed, Orlando Orange, Caroline Custard, Betty Bread-and-Butter and Clean Hands—for instance, as friends, instead of Late Hours, Lemuel Lollipop, Della Dill Pickle, Belinda Bologna and Dirty Fingers.

These stories were first devised by Stella Boothe to be acted out in a miniature suitcase theater. Dolls moved by overhead wires were the actors. Children all over the country became acquainted with the stories in this way, but now they may sit down with a pleasant little book, charmingly illustrated by Anne Cooper, and pull the strings that will make the characters perform on the stage of their own minds.

Suspense, surprise, clever whimsical characterization and good dramatic action make these stories a very real contribution to the constantly increasing body of literature designed to gain the interest of children in the practice of good Health Habits.

GRACE HALLOCK

### THE CARE OF TUBERCULOSIS

J. A. Myers, Ph.D., M.D.

W. B. Saunders Co., 1924. \$2.00.

Dr. Myers in his preface very modestly states that "in teaching tuberculosis to student nurses and public health nurses, he has felt the need of a small work covering the essential facts concerning this disease which every nurse and every public health worker should know", and that he has sought to eliminate the relatively unimportant. The result is a book of only 217 pages which will not only serve as a much needed text book for nurses and social workers but it is so simply and interestingly written that it should be widely read by those suffering from tuberculosis as well as the general public.

MARY A. BROWNELL

In our List of Foreign Nursing Publications published in June, we omitted, under the group, Great Britain and Ireland, *The College of Nursing Bulletin*, published quarterly. Address: The Editor, 7 Henrietta Street, Cavendish Square, London, W. 1.

*Talks to Mothers About Their Babies.* Bureau of Child Hygiene, Maryland State Department of Health, Baltimore. Despite the efforts of health workers to establish a uniform presentation of common knowledge about mothers and infants, it has been proven that it is necessary for every State Department of Health to have some visible means of expression of their own peculiar problems. Dr. Knox has a true conception of the beauty of parenthood and the responsibility for having children come into the world mentally and physically equipped for growth and development.

The book touches upon the needs of

the expectant mother, on the care of the child, and on the responsibility of the community. The simple, direct language will make the book of great value to the mothers.

H. L. LEETE

*The Baby in the House of Health*, the latest publication of the American Child Health Association, is going to fall into the outstretched arms of countless mothers, and become a valuable part of the equipment with which they deal with the problems of the tiniest member of the family.

Material substantially grounded, concisely and understandingly presented, attractively edited, makes for easy reading and ready assimilation by "Mrs. Average Citizen," who represents a group which more than any other one group will welcome and profit by this completion of the trilogy on Health produced by the American Child Health Association, 370 Seventh Avenue, New York City. Price 15c.

SARA PLACE

*Habit Clinics for the Child of Pre-school Age: Their Organization and Practical Value*, by D. A. Thom, M.C., director of the habit clinics of the Community Health Association of Boston and of the division of mental hygiene in the Department of Mental Diseases of Massachusetts. U. S. Children's Bureau Publication No. 135. Washington, 1924.

The organization, development, and procedure of the clinics carried on as a demonstration is described in this interesting and valuable report. Case studies illustrate the more common habit problems, treatments such as those connected with feeding, enuresis, temper tantrums, personality, changes, shyness, and problems of sex life, together with methods of treatment. An appendix contains Habit Clinic Outlines.

We quote from the conclusion:

"There can be no question as to the practical value of clinics whose chief concern is the study of the mental health of children. Not only should they be concerned with the more general aspect of the child's life that

is usually interpreted in terms of undesirable conduct, but there is even greater need to study the child subjectively in his environment so as to get a better understanding of the more intangible factors that account for the personality defects which render many individuals incapable of making necessary economic and social adjustments in later life. . . . The time is not far distant when every medical and social organization dealing with problems of children will consider a personality study an essential part of the case history."

The National Child Labor Committee, 215 Fourth Avenue, New York City, has published a small volume—*Poems of Child Labor*. Florence Wilkinson, Robert Frost, Henry Van Dyke, Charlotte Perkins Gilman, Arthur Guiterman, and Laura Benet are among the authors of the poems so carefully gathered in this appealing little book. Here is one by Sarah N. Cleghorn:

The golf links lie so near the mill  
That almost every day  
The laboring children can look out  
And see the men at play.

Price, 35 cents.

The Russell Sage Foundation, 130 East 22d Street, New York City, has recently published a fourth edition, rewritten, of that excellent pamphlet by Margaret Frances Byington, *What Social Workers Should Know About Their Own Communities*—An Outline. Price, 25 cents.

*Cancer Control; How the Nurse Can Help Toward Its Accomplishment* is the title of a small pamphlet just issued by the American Society for the Control of Cancer, 370 Seventh Avenue, New York City. The part the nurse may play in control as given in the pamphlet is:

1. By making themselves reliable sources of authentic information with respect to the prevention, recognition, and cure of cancer.

2. By detecting early cases which would otherwise escape recognition until they had passed to an incurable stage.

3. By exerting an intelligent influence upon those who have cancer in its early and curable stages, and inducing them to seek immediate, competent treatment.



4. By exerting through their enlightened intelligence an influence against the operations of quacks and other incompetent persons who but add to the plight of cancer patients.

These are the principal ways in which nurses can assist, aside from their ministrations which do so much to ameliorate the suffering of cancer victims.

All nurses are already helping to some extent in the directions which are here proposed; but, in the press of their other duties, and with so few sources of accurate information available to them, many have hitherto been able to give but little attention to the prevention and cure of cancer. Too often they look upon the disease as hopelessly incurable.

The pamphlet also gives, briefly, Proper Treatment, Wrong Ideas, Right Ideas, Symptoms Which Should Be Known.

Copies of the booklet and other publications of the Society may be had on application.

We are promised an article, which will appear in the Fall, on Treatment, Care, and Other Helpful Measures for Patients with Cancer, especially written for public health nurses.

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Public Health Bulletin No. 139, January, 1924, published by the U. S. Public Health Service, Washington, D. C., contains the *Transactions of the Twenty-First Annual Conference of the State and Territorial Health Officers with the United States Public Health Service*. The discussions recorded convey an interesting and somewhat intimate picture of health work under the auspices of state officials.

The reports on Rural Health Work, Maternity and Infant Hygiene, Standardizing State Health Laws, Collection and Distribution of Vital Statistics, provide much general information.

The whole report would give nurses in one state interesting points of view about health work as carried on in other states, also enlightenment on the different points of view concerning the nursing service held by health officials. One of the speakers remarked: "We have asked ourselves this question, 'How much a public health nurse may do and survive'."

A report in this bulletin by one of the advisory committees to the Public Health Service includes a study of the universities and colleges offering courses in public health. This report states:

There were established prior to 1922 the following schools of public health: School of Hygiene and Public Health, University of Pennsylvania; School of Hygiene and Public Health, Johns Hopkins University; Department of Bacteriology, Pathology, and Public Health of the School of Medicine, Yale University; School of Public Health, University of Louisville; Department of Public Health and Sanitation of the College of Medicine, Ohio State University; Department of Hygiene, University of California; Department of Hygiene and Bacteriology of the School of Medicine, Western Reserve University; Department of Biology and Public Health; Massachusetts Institute of Technology.

During 1922 the three following public health schools were established: School of Public Health, Harvard University; Public Health Courses of the Graduate School, University of Michigan; Department of Preventive Medicine and Public Health of the Medical School, University of Minnesota.

The University of Virginia is also engaged in establishing a course.

In addition to the schools which were engaged in the teaching of public health courses leading to a degree, a large number of universities and medical schools stated that they gave certain courses relating to public health.

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The Summary of State Laws and Rulings Relating to the Prevention of Blindness from Babies' Sore Eyes, published by the National Committee for the Prevention of Blindness, has been revised to January, 1924. A distinct advance is noticed in state co-operation in such matters as the distribution of free prophylactic outfits, the requirement that physicians and midwives use a prophylactic, and placing the reporting law on the birth certificate, together with the question as to whether or not the prophylactic was used.

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*The Social Service Quarterly*, Bombay, India, for January, 1924, publishes an article on The Training of Midwives and Nurses which says:

There is no doubt as to the urgent need that exists in this country for a supply of properly trained midwives, or better still, of women who after having taken the full training of a nurse have also had the benefit of training in midwifery.

The article goes on to say that in 1909 the Poona Seva Sedan Society inaugurated a scheme in coöperation with the Sassoon Hospital in Poona for the training of nurses and midwives, and in 1911 admitted to the hospital "its first batch of four women who had received a sufficient amount of preliminary education." The original intention was that these women should receive only a year's training in general sick nursing and midwifery and receive a certificate. The sister-in-charge and the civil surgeon were so favorably impressed by their work that at the end of the year they advised the committee to extend the training to the full time of a qualified nurse and midwife, three and a half years, and that the students appear for the examinations held by the Bombay Presidency Nursing Association. This was carried out, and since then the experiment has been accepted as a well-established branch of the institution. The number graduated has not been great—twenty-five fully qualified nurses and midwives and twenty qualified midwives. Twenty-eight are now in training. But the graduates are working in a number of institutions and centers throughout India and have succeeded in overcoming the early prejudices against this class of trained workers.

Progress toward standardization in the field of public health in the past five years has been almost phenomenal, according to *The Nation's Health* for June, 1924. It calls attention in particular to the formula for an ideal health department for a city of 100,000 population announced by the American Public Health Association and to be found in Bulletin 136 of the U. S. Public Health Service. The Public Health Service itself is now surveying the health service of all cities above 70,000 population, and the American Child Health Association is carrying

out a similar study in cities between 40,000 and 70,000 population. A tentative standard organization for a city of 20,000 population, suggested at the Boston meeting of the American Public Health Association, may be found in their journal for March, 1924.

We copy these very "modern" verses from *The Chronicle of the Crusaders*, published by the Cleethorpes Urban District Council (England).

#### ASK THE CHILDREN

If you ever are in doubt,  
And know not what you are about,  
Don't run risks but just find out,  
Ask the Children!

If a fly should come your way,  
It's your business, know to-day,  
What to do, so don't delay,  
Ask the Children!

If in the morn you cannot rise,  
With the sun in the blue skies,  
You'll find it best if you are wise,  
Ask the Children!

If your drain should be stopped up,  
And you're at a loss as to what's up,  
But before you have a look,  
Ask the Children!

If your drain has cause to smell,  
In the summer months as well,  
Say it now and do it well,  
Ask the Children!

So if you ever are in doubt,  
And know not what you are about,  
Use your wits to just find out,  
Ask the Children!

D. C. (Boy of fourteen)

The Wisconsin *Bulletin* says:

"Grandmothers are good attendance promoters at the centers. Dr. Allen reports that one dear old grandmother who has raised eleven of her own children and who has brought daughters and daughters-in-law to the center held in ——— was on the job early with a pregnant daughter and three children, and the regular feeding case which we have followed during our stay here. Later on she came again with a sister-in-law with two more children."

#### CORRECTION

In the review of Miss Brainard's book in the July number, the title should have read *The Evolution of Public Health Nursing*—instead of "Organization."

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# RED CROSS PUBLIC HEALTH NURSING

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*Edited by ELIZABETH G. FOX*

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## RECOMMENDATIONS OF THE NURSING ADVISORY BOARD OF THE LEAGUE OF RED CROSS SOCIETIES

**I**N the last issue of the *PUBLIC HEALTH NURSE* there appeared the resolutions drafted by the Nursing Advisory Board of the League of Red Cross Societies and accepted by the General Council. In addition to these general resolutions, the Board drew up several more detailed recommendations for the consideration of the Director General. We believe our readers will be interested in these recommendations, which follow:

1. Suggestions of methods by which the League could assist Red Cross Societies to carry out the recommendations passed by the General Council:

(a) By preparing a questionnaire to be sent out by National Red Cross Nursing committees to obtain information regarding the health needs of the country and the nursing resources and facilities for meeting these needs.

(b) By providing information concerning the organization and conduct of nursing activities and the training of nurses.

(c) By considering, with the National Red Cross Nursing committees, the result of the survey made by means of the questionnaire, in order to determine what activities the National Red Cross should take up.

(d) By helping National Red Cross Societies to work out a plan for securing nursing personnel.

(e) By guiding the National Red Cross Nursing committees in the development and supervision of its nursing service.

2. The Board approves of the League calling meetings of National Red Cross Societies, Nursing Committees, and Red Cross nurses for the discussion of their nursing problems, when such meetings are desired by the societies. Nursing associations, nurses, and other persons interested in nursing may be invited to attend such meetings.

3. That where any Division of the League plans an undertaking which in-

volves nursing service or nursing personnel, the Nursing Division must be consulted and where a National Red Cross Society projects an undertaking involving nursing service there should be consultation with the Nursing Advisory Committee of the Society.

4. There being in existence two international bodies interested in nursing, namely, the International Council of Nurses, engaged in maintaining nursing standards and advancing the interests of the nursing profession, and the League of Red Cross Societies, engaged in developing nursing services with especial reference to public health, epidemic, and disaster, it is the opinion of the Board that these two organizations, having in their work the same ideals, should organize their headquarters in close proximity and that each should use the resources of the other.

5. The Board views with appreciation the work achieved by the Nursing Division in various countries in connection with societies and relief funds, such as the Commonwealth Fund, the Near East Relief, the American Joint Distribution Society, the Serbian Commission, and the Rockefeller Foundation, and, until some professional organization can relieve it of this work, the Board trusts the League will continue this valuable advisory service.

6. The Board recommends that the League collect lists of books on nursing subjects, which should be distributed, with suggestions as to which would be most suitable for leading manuals in the different countries, and that, after due trial of the methods advocated in the suggested books, the different countries should prepare suitable textbooks for their use, written by nurses, and that, at the request of

National Red Cross Societies, financial assistance might be provided by the League for the expenses of production.

The Board recommends that bibliographies of new nursing publications be circulated in the Nursing Supplement, and that the members of the Nursing Advisory Board review new nursing books published in their respective countries, and send them to the Nursing Division of the League for circulation.

8. The Board recommends that the League develop a loan library of nursing literature.

9. The Board recommends that the Nursing Division of the League continue to collect and distribute information, but if this information relate to professional nursing organizations the Director of the Nursing Division should send it for confirmation to the Secretary of the International Council of Nurses before circulating it; that the League should not encourage the formation of new national professional organizations which could not be affiliated with the International Council of Nurses, but if thought advisable in a country where the nursing organization was new, the formation of an advisory council of prominent lay people and representatives of organizations interested in the development of nursing might be encouraged.

10. The Board advocates that the National Red Cross Societies in countries in which there are no well-established courses in public health nursing help to provide organizers and teachers in Public Health Nursing by sending women of ability, with qualities of leadership and with the best training in nursing their country gives to obtain an education in public health nursing, which is provided by the International Course in Public Health Nursing. The Board further recommends:

(a) That when it becomes possible, the classes in public health nursing be developed into a regular course of lectures and demonstrations given the same prominence as the lecture courses at Bedford College and that this course be given by a public health nurse with the assistance of public health nurse specialists in the

presentation of the special fields they represent.

(b) That an effort be made to secure more practice in family health work in the home, in which the students may participate.

(c) That, when advisable, some of the superintendents of agencies furnishing field work for the students be organized into an advisory committee on field work.

(d) That the League endeavor to secure funds to purchase and furnish a home to become an educational center for international students.

11. The Board recommends that, at the present time, the Nursing Division of the League take no further action with regard to the development of an employment bureau.

12. The Board approves of the Nursing Supplement in its present form, but recommends that articles of a more instructive nature be added from time to time.

13. The Board recommends that the preparation of nursing exhibits be continued by the Nursing Division and, if possible, increased, for the purpose of loaning the material to nurses and Red Cross Societies of various countries.

14. The Board considers the preparation and compilation of pamphlets on various nursing subjects an essential part of the work of the Nursing Division, and of great value to member Red Cross Societies, and recommends that the further development of this activity be facilitated.

15. The Board recommends that, in order to promote coöperation, members of the Nursing Division visit different countries from time to time to gather information and give assistance and advice, and that nurse visitors be invited to the League Headquarters for consultation and advice.

16. The Board approves of the League continuing to award scholarships for the International Courses to supplement the contributions of those countries unable to meet the whole expense.

17. The Board recommends, in view of the diversity and volume of the demands upon the Nursing Division and the very inadequate staff available for



rendering even the most essential services required by National Red Cross Societies, that the staff of the Division be increased by the addition of two nurse members, experts in hospital administration and nursing education, public health nursing, and research and publication work.

18. The Board recommends that a plan for a nurses' training school in connection with a hospital of 100 beds be drawn up by the Nursing Division in consultation with the experts on nursing education of the Nursing Advisory Board and other experts in this field.

19. The Board expresses appreciation of the League's action in turning to professional nurses and calling upon them for advice, a courtesy which is deeply appreciated and which, it is hoped, will lead to greater unity and mutual support.

The Board also drew up a statement of the minimum preparation which it deemed necessary for public health nursing. In determining this minimum the Board had to keep in mind constantly the needs of those countries in which the facilities for training nurses are very meager. The minimum agreed upon is as follows:

The committee believes that public health nursing is primarily family health work of an educational and preventive character but including restorative work.

When the League is called upon to advise about the development of educational facilities for the preparation of public health nurses in countries where such facilities have not existed, the committee advocates as a minimum preparation of public health nurses a basic training of not less than two years' hospital training followed by not less than six months' special

preparation for public health nursing given under the direction of a public health nurse and either before or after the nurse graduates.

The committee advocates that this preparation include both the theory and the practice of public health nursing.

It is desirable that the theory gives the nurse some knowledge of:

Public health nursing principles and practice;

Health work as done by the government and public agencies;

Social problems and their relation to health;

Economic problems and their relation to health;

Individual and general hygiene;

The growth and development of the child, both in physique and temperament;

The reasons for human conduct;

Teaching methods;

and that this information be organized in lecture courses under some such categories as:

Principles and practices of public health nursing and public health administration;

Personal and general hygiene;

Social and economic problems;

Applied psychology and principles of teaching.

It is desirable that the period of practice work be not less than three months in extent; be obtained by participation in the work of some agency conducting a public health nursing service; consist largely of health work with families in their homes; include, where possible, health work in schools, health centers, and factories; and equip the nurse with a working knowledge of public health nursing technique.

While the committee advocates this as a minimum preparation for public health nurses, it realizes that some countries may have to begin with somewhat less than this minimum.

The committee believes that it is quite as necessary, if not more so, for public health nurses who are to work in small towns and rural districts to have the above preparation, as for those who are to work in cities.

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Mary L. Cole, after five years of devoted service first as Director of Public Health Nursing, and later as Director of Nursing also, in the Pacific Division of the American Red Cross, has resigned. She has been succeeded by Dorothy Ledyard, a Californian, graduate of the Children's Hospital, San Francisco, and of the course in public health nursing at Western Reserve University. Miss Ledyard was one of two nurses awarded scholarships to take the International Course in Public Health Nursing in London. Later she was assistant to Miss Olmsted in the League of Red Cross Societies, and for a year has been on the staff of the Nursing Service of the Pacific Division of the American Red Cross.

## NEWS NOTES

The Central Committee of the American Red Cross has voted another appropriation for scholarships and loans for the preparation of public health nurses for service in the Red Cross Public Health Nursing Service.

### PROGRESS OF CENSUS JULY, 1924

State	Date of sending census forms to State Census Representatives
Connecticut*	March 27
Illinois	June 6
Indiana*	April 1
Iowa*	April 17
Massachusetts	May 28
Michigan*	March 29
Montana	July 17
New Mexico	May 15
New York:	
Three health districts:	
1	July 9
2	July 9
3	July 21
North Carolina	July 19
Oregon	July 17
Pennsylvania:	
Eastern section	April 4
Rhode Island*	March 29
Wisconsin*	April 23

\* Denotes states in which the census is nearing completion.

Connecticut, Indiana, and Michigan were the first States to which the census forms were sent. In order to show what facts would be obtainable from the census returns the Connecticut and Indiana ones were tabulated. The provisional figures indicated that on January 1, 1924, there were 377 public health nurses in Connecticut and 231 in Indiana. Other information was tabulated and presented graphically at the Biennial National Nursing Convention in Detroit.

In New York and Massachusetts the data is being gathered by the enumeration method rather than by the questionnaire method which has been that used in all other States up to this time. In these two States, the State advisory nurse is acting as the State Census Representative. The task of

gathering the information in each health district of these two States has been assigned by the State Census Representatives to District Census Representatives. These District Census Representatives are on the official state nursing staffs and each has an official health district to cover in her official capacity. The District Representatives will gather the Census data on their regular visits.

Because of the large number of cities in Pennsylvania that State has been divided into two sections with a Census Representative for each.

The Statistical Department plans to send out the census forms to all the State Census Representatives before the 1st of October.

A meeting of editors of health magazines of national scope was held in Toronto, June 27, during the National Conference of Social Work. It was the first meeting at which editors of all health magazines had been invited to confer together. The discussion considered possible methods of coöperation and mutual problems. Because of the value of such group discussions, it was decided to hold a similar meeting in Detroit during the convention of the American Public Health Association in October. James A. Tobey, administrative secretary of the National Health Council, who called the first meeting, was elected informal chairman of the group.

William J. Norton, Secretary of the Detroit Community Fund, is the new president of the National Conference of Social Work. Mr. Norton made an interesting address at the Biennial Nursing Convention in Detroit on "Meeting the Demands for Community Health Work." Next year the meeting of the National Conference on Social Work will be held in Denver.

The annual meeting of the South African Trained Nurses' Association will be held this month in Bloemfontein.

The incorporation of the American Heart Association was completed at the recent meeting of the American Medical Association in June with the following officers:

President, Dr. Lewis A. Conner.  
Vice-President, Dr. James Herrick.  
Secretary, Dr. Robert H. Halsey.  
Treasurer, Dr. Paul D. White.  
Acting Executive Secretary, M. L. Woughter.

The office of the Association will be Room 1641, 370 Seventh Avenue, New York City. Information on the various aspects of prevention and relief of heart disease may be had from the Secretary.

Miss Margaret Rice has been appointed editor of the *Pacific Coast Journal of Nursing* which will continue to be published monthly.

Interest in the First International Congress of Mental Hygiene, to be held in this country in 1925, if funds for the purpose can be secured in the near future, continues to grow. Opinions received indicate that many different groups are eager to participate because of the mental hygiene factors in many of the problems with which they have to deal. Dr. William H. Welch, Chairman of the Organizing Committee, writes:

The project for an International Congress of Mental Hygiene should make an especially strong appeal from the fact that this will be the first such Congress relating to this subject. The organized movement for the preservation of mental health and the prevention of mental disorders is so recent and has acquired so great significance in its possibilities of good, that the time has come to give to this movement the inspiration, stimulus, and direction along the wisest lines that may confidently be expected from such an international conference as the one proposed. The field to be covered by such a Congress, moreover, is one of the greatest importance for human welfare in the present condition of international affairs.

The \$250 prize offered by the Committee on Publicity Methods in Social Work for the best one-act play on a social service theme, was won by Eleanor Rowland Wembridge of the Women's Protective Association, Cleveland. The title of her play is "The First of May." It was produced for the first time at the National Conference of Social Work in Toronto.

The appointment of three full-time public health nurses to act as school nurses was urged in a resolution passed by the Balboa (Canal Zone) Mothers' Club and forwarded to the Governor.

A health center has been opened in Bangkok by the Siamese Red Cross, under the direction of a Siamese nurse who received her training with the Philippine Red Cross Chapter. The work began on a small scale but is rapidly growing and is soon to have the service of a full-time physician.

Communities are beginning to appreciate the importance of keeping in touch with national nursing affairs. As an instance of this encouraging fact, several nurses from the Chicago Tuberculosis Institute were sent to the Biennial Convention in Detroit by their own communities, their expenses being paid by their local committees.

Although a trip abroad, with its new faces and new scenes, is rest in itself, despite a strenuous schedule of sight-seeing, there may be some who long for temporary surcease from the world and its wonders. In this event, we can scarcely imagine anything more delightful than a visit to "The Laughing Wood," described so fascinatingly in the *English Nursing Times*:

## NEWS NOTES—Continued

*Nurses tell us:*

*That in the case of stings or bites of insects, Listerine freely applied in full strength will mitigate pain, prevent excessive swelling and in a great measure counteract the poison effect.*

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Do you want to know of a perfect haunt of peace for your holiday this year; a place where every unexplored path is sure to lead to unimagined beauty, where tiny streamlets gurgle in hidden courses to meet a river which almost makes one forget that unrest and ugliness exist at all; where the face of Nature smiles at every turn and sparkles in a riot of color and joy?

I write of a wee village in Normandy. At the crest of the hill is a fair-sized house brought into being by an Englishwoman who was a nurse, even as you and I. Around it is a garden, out of which comes much of our daily sustenance, and in the garden are sheltered nooks and deck chairs and views of surroundings too lovely to describe. In the garden is Calina, the gardener, he whose kindly hands coax into being the peas, beans, and salad stuffs and the unstinted variety of flowers. One corner holds a tiny door, and out of it leads "Fairylend"—a baby wood, full of birds and trees and all growing things which spring into life unaided by the coarse hands of humanity.

Coming back to earth after this glimpse of "Fairylend," for the information of those who may be interested, the address is "Bois Riant," Grimboisq, St. Laurent de Coudel, Normandy, the hostess' name, Miss Chawkey, and the rates per week two pounds, two shillings (about nine dollars).

**NEWS FROM THE STATES**

The course at the University of Texas will probably be discontinued for the coming year.

The course at the University of Louisville, Kentucky, will also be discontinued this year.

The Missouri School of Social Economy, under the University of St. Louis, which has been conducting a course in public health nursing for the past few years, went out of existence July 1st of this year. It was hoped that the course in Public Health Nursing would be taken over by the new School of Nursing of Washington University. This, however, has not been found possible. For the coming year there will be no postgraduate course in St. Louis.

The University of Pittsburgh has

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